

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

JUDGE'S COPY

JAN 28 2004

MICHAEL W DOBBINS, CLERK
UNITED STATES DISTRICT COURT

JERLENE HARRIS

(Name of the plaintiff or plaintiffs)

V.

CITY COLLEGES of CHICAGO, OLIVE

HARVEY College, Martha J.

BARNES

(Name of the defendant or defendants)

CIVIL ACTION

JUDGE GOTTSCHALL

NO.

04C 0695

(Case number will be supplied by the assignment clerk)

MAGISTRATE JUDGE KEYS

COMPLAINT OF EMPLOYMENT DISCRIMINATION

1. This is an action for employment discrimination.
2. The plaintiff is JERLENE HARRIS of
the county of Cook in the state of IL.
3. The defendant is CITY COLLEGES of CHICAGO, who
resides at (street address) 226 West Jackson Blvd.
(city) Chicago (county) Cook (state) IL (ZIP) 60604
(Defendant's telephone number) (312) - 553-2920

(day) 13th (year) 2004 a copy of which Notice is attached to this complaint.

9. The defendant discriminated against the plaintiff because of the plaintiff's [check all that apply]

- (a) ☒ Age (Age Discrimination Employment Act).
- (b) ☐ Color (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (c) ☒ Disability (Americans with Disabilities Act)
- (d) ☐ National Origin (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (e) ☐ Race (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (f) ☐ Religion (Title VII of the Civil Rights Act of 1964)
- (g) ☒ Sex (Title VII of the Civil Rights Act of 1964)

10. The plaintiff is suing the defendant, a state or local government agency, for discrimination on the basis of race, color, or national origin (42 U.S.C. §1983).

☐ YES ☒ NO

11. Jurisdiction over the statutory violation alleged is conferred as follows: over Title VII claims by 28 U.S.C. §1331, 28 U.S.C. §1343(a)(3), and 42 U.S.C. §2000e-5(f)(3); over 42 U.S.C. §1981 and §1983 by 42 U.S.C. §1988; over the A.D.E.A. by 42 U.S.C. §12117.

12. The defendant [check all that apply]

- (a) ☐ failed to hire the plaintiff.
- (b) ☒ terminated the plaintiff's employment.
- (c) ☐ failed to promote the plaintiff.
- (d) ☐ failed to reasonably accommodate the plaintiff's religion.
- (e) ☒ failed to reasonably accommodate the plaintiff's disabilities.
- (f) ☒ other (specify): Pattern of continuous retaliatory

discrimination by the defendants because
I filed several Worker's Compensation
claims. The defendants willfully intent reported

(g) ☒ If available, grant the plaintiff appropriate injunctive relief, lost wages, liquidated/double damages, front pay, compensatory damages, punitive damages, prejudgment interest, post-judgment interest, and costs, including reasonable attorney fees and expert witness fees.

(h) ☒ Grant such other relief as the Court may find appropriate.

(Plaintiff's signature)

(Plaintiff's name)

(Plaintiff's street address)

(City) HARVEY

(State) IL

(ZIP) 60426

(Plaintiff's telephone number) (708) - 333-2130

JERLENE HARRIS - PLAINTIFF

V.

CITY COLLEGES OF CHICAGO,

OLIVE-HARVEY, & MARTHA J. BARNES

SUPPORTING DOCUMENTS WITH
COMPLAINT OF EMPLOYMENT
DISCRIMINATION

- 1) EEOC DISMISSAL AND NOTICE OF RIGHTS — 2 pages
- 2) John Rowe, Director of EEOC, Letter dated Jan. 8, 04 — 2 pages
- 3) HARVEY POSTAL SERVICE - RUSS COLLINS, ASST. to the POSTMASTER - 1 page
- 4) TWO EEOC SECURITY PASSES — 1 page
- 5) EEOC CHARGE # 210-2003-34923 - August 25, 03 - 10 pages
- 6) EEOC CHARGE # 210-2003-35135 - SEP. 4, 03 - 3 pages
- 7) CITY OF CHICAGO COMMISSION ON HUMAN RELATIONS Charge # CB-E122-2 pages
- 8) OLIVE-HARVEY College's Security Report # 2297 AND E-MAIL - 2 pages
- 9) JERLENE HARRIS's MEMO re: Feb. 03, 03 Accident - 1 page
- 10) JERLENE HARRIS' Letter to LENN ARNDT - RE: SURS - 4 pages
- 11) CRAWFORD's Letter dated March 10, 2003 - 1 page
- 12) JERLENE HARRIS' Letter to Sue Schultz, President, AFSCME - 6 pages
- 13) JERLENE HARRIS' Letter to SHARON PRAGON dated Oct. 2, 03 - 2 pages
- 14) SHARON PRAGON's Letter dated Oct. 15, 2002 - 1 page
- 15) DR. PAUL B. LEVY's Letter dated July 25, 2001 - 1 page
- 16) DR. JERLENE HARRIS' Letter to DR. WATSON. — 2 pages
- 17) JERLENE HARRIS' Letter to CCC GENERAL LEGAL COUNCIL - 2 pages
- 18) OFFICE OF THE GENERAL COUNSEL to EARL SILBER, CHIEF STENO - 2 pages
- 19) REGIONAL MRI of South Holland - Ft. JERLENE HARRIS - 1 page
- 20) SURS's Letter to DR. XIA - RE: JERLENE HARRIS - 1 page
- 21) DOCTOR - Report for JERLENE HARRIS - 9 pages
- 22) DR. XIA's STATEMENT 8/29/03 - JERLENE HARRIS - 1 page
- 23) DEAN MARTHA J. BARNES' Letter to JERLENE HARRIS - 1 page
- 24) CCC LEAVE EXTENSION REQUEST FORM Jun. 27, 03
Shirley Chappell — 3 pages
- 25) CCC LEAVE EXTENSION REQUEST FORM Jun. 27, 03
Completed Signatures — 3 pages

Equal Employment Opportunity Commission

DISMISSAL AND NOTICE OF RIGHTS

To: Jerlene Harris
15313 Ashland
Harvey, Illinois 60426

From: Equal Employment Opportunity Commission
Chicago District Office
500 West Madison Street
Suite 2800
Chicago, Illinois 60661

Certified Mail No.: 7001 1940 0003 8831 4168

☐ On behalf of a person aggrieved whose identity is
CONFIDENTIAL (29 CFR § 1601.7(a))

Charge No.

210-2003-35135

EEOC Representative

Dorothea Hines, Investigator

Telephone No.

(312) 886-9123

(See the additional information attached to this form.)

YOUR CHARGE IS DISMISSED FOR THE FOLLOWING REASON:

- ☐ The facts you allege fail to state a claim under any of the statutes enforced by the Commission
- ☐ Respondent employs less than the required number of employees.
- ☐ Your charge was not timely filed with the Commission, i.e., you waited too long after the date(s) of the discrimination you alleged to file your charge. Because it was filed outside the time limit prescribed by law, the Commission cannot investigate your allegations.
- ☐ You failed to provide requested information, failed or refused to appear or to be available for necessary interviews/conferences, or otherwise refused to cooperate to the extent that the Commission has been unable to resolve your charge. You have had more than 30 days in which to respond to our final written request.
- ☐ The Commission has made reasonable efforts to locate you and has been unable to do so. You have had at least 30 days in which to respond to a notice sent to your last known address.
- ☐ The respondent has made a reasonable settlement offer which affords full relief for the harm you alleged. At least 30 days have expired since you received actual notice of this settlement offer.
- ☒ The Commission issues the following determination: Based upon the Commission's investigation, the Commission is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- ☐ Other (briefly state) _____

- NOTICE OF SUIT RIGHTS -

- ☒ **Title VII and/or the Americans with Disabilities Act:** This is your NOTICE OF RIGHT TO SUE, which terminates the Commission's processing of your charge. If you want to pursue your charge further, you have the right to sue the respondent(s) named in your charge in a court of competent jurisdiction. If you decide to sue, you must sue WITHIN 90 DAYS from your receipt of this Notice; otherwise your right to sue is lost.
- ☐ **Age discrimination in Employment Act:** This is your NOTICE OF DISMISSAL OR TERMINATION, which terminates processing of your charge. If you want to pursue your charge further, you have the right to sue the respondent(s) named in your charge in a court of competent jurisdiction. If you decide to sue, you must sue WITHIN 90 DAYS from your receipt of this Notice; otherwise your right to sue is lost.
- ☐ **Equal Pay Act (EPA):** EPA suits must be brought within 2 years (3 years for willful violations) of the alleged EPA underpayment.

11-10-03

On behalf of the Commission

John P. Rowe
John P. Rowe, District Director

Enclosures

Information Sheet
Copy of Charge

cc: Respondent(s) City Colleges of Chicago, Olive Harvey College

Equal Employment Opportunity Commission

DISMISSAL AND NOTICE OF RIGHTS

To: Jerlene Harris
15313 Ashland
Harvey, Illinois 60426

From: Equal Employment Opportunity Commission
Chicago District Office
500 West Madison Street
Suite 2800
Chicago, Illinois 60661

Certified Mail No.: 7001 1940 0003 8831 4168

On behalf of a person aggrieved whose identity is

CONFIDENTIAL (29 CFR § 1601.7(a))

Charge No.	EEOC Representative
210-2003-34923	Dorothea Hines, Investigator

Telephone No.
(312) 886-9123

(See the additional information attached to this form.)

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- ☐ Respondent employs less than the required number of employees.
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11-10-03

On behalf of the Commission

John P. Rowe
John P. Rowe, District Director

Enclosures

Information Sheet
Copy of Charge

cc: Respondent(s)

City Colleges of Chicago, Olive Harvey College



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Chicago District Office

500 West Madison St., Suite 2800
Chicago, IL 60661
PH: (312) 353-2713
TDD: (312) 353-2421
ENFORCEMENT FAX: (312) 846-1168
LEGAL FAX: (312) 353-8355

January 8, 2004

Jerlene Harris
15313 Ashland
Harvey, Illinois 60426

Re: Charging Party: Jerlene Harris
Respondent: City Colleges of Chicago, Olive Harvey College
EEOC Number: 210-2003-35135

* Dear Mr. Carroll:

Who is this person?

The enclosed Dismissal was sent to you November 10, 2003 by certified mail. However, the Postal Service returned it to the Commission because you did not claim it.

We are sending it again so that you may have another opportunity to receive your Dismissal.

Sincerely,


John P. Rowe
District Director

Enclosure:
(Form 161)

CHICAGO DISTRICT OFFICE
EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
500 WEST MADISON STREET, SUITE 2800
CHICAGO, ILLINOIS 60661

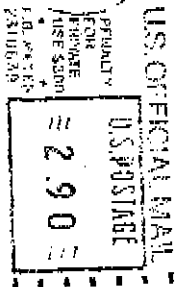
OFFICIAL BUSINESS

OK



7001 1940 0003 8831 416A

CERTIFIED MAIL



HARRIS 604261066 IN 16 11/16/03
RETURN TO SENDER
NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN TO SENDER

ASSISTANT TO THE POSTMASTER
HARVEY MAIN POST OFFICE



January 15, 2004

Jerlene Harris
15313 Ashland Ave
Harvey, IL 60426

RE: Certified Mail #7001 1940 0003 8831 4168

Dear Ms. Harris;

I am writing in regards to the above mentioned letter which was mailed to you from Chicago, IL November 13, 2003. Our records show that the letter was endorsed in error "Return to Sender No Forward Order On File." The letter was returned to sender on 11/16/2003. After review of all relevant records there is no record of any attempt to deliver this letter by any Postal Employee. After further research we have found that you have been living at this address and is continuing to receive mail at this address.

Please accept our apology for this inconvenience and we want to assure you that we are working to improve our handling of this type of mail to prevent any further mistakes in returning mail that is properly addressed.

Sincerely,

A handwritten signature in cursive script that reads "Russ Collins".

Russ Collins
Assistant to the Postmaster

WEST MANISON

Jerlene Harris

To See: INTAKE UNIT, EEOC

EEOC, Suite 2800

11/6/2003 1:00 PM

WEST MANISON

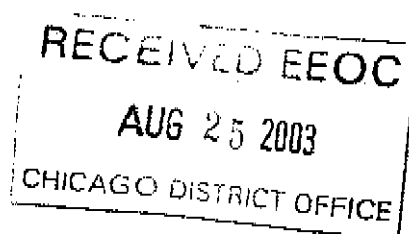
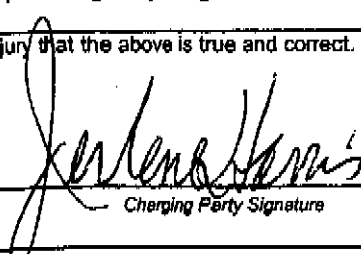
Jerlene Harris

To See: INTAKE UNIT, EEOC

EEOC, Suite 2800

8/25/2003 8:25 AM

EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 210-2003-34923 </div> </div>	
Illinois Department Of Human Rights and EEOC <small>State or local Agency, if any</small>			
Name (Indicate Mr., Ms., Mrs.) Ms. Jerlene Harris		Home Phone No. (Ind Area Code) (708) 333-2130	Date of Birth 10-15-1946
Street Address City, State and ZIP Code 15313 Ashland Harvey, IL 60426			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name CITY COLLEGES OF CHICAGO		No. Employees, Members 500 or More	Phone No. (Include Area Code) (312) 553-2500
Street Address City, State and ZIP Code Olive Harvey 226 W. Jackson Chicago, IL 60606			
Name 		No. Employees, Members 	Phone No. (Include Area Code)
Street Address City, State and ZIP Code 			
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> RACE</div> <div><input type="checkbox"/> COLOR</div> <div><input type="checkbox"/> SEX</div> <div><input type="checkbox"/> RELIGION</div> <div><input type="checkbox"/> NATIONAL ORIGIN</div> <div><input type="checkbox"/> RETALIATION</div> <div><input type="checkbox"/> AGE</div> <div><input checked="" type="checkbox"/> DISABILITY</div> <div><input type="checkbox"/> OTHER (Specify below.)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE <div style="display: flex; justify-content: space-between;"> <div> Earliest 10-01-2000 </div> <div> Latest 08-25-2003 </div> </div> <div style="text-align: center; margin-top: 10px;"> <input checked="" type="checkbox"/> CONTINUING ACTION </div>	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I began my employment with Respondent on December 21, 1987. In October 2000, I was diagnosed with a disability. Since then, I have requested a reasonable accommodation; however, Respondent has ignored me.</p> <p>I believe that I have been discriminated against by Respondent because of my disability in violation of Title I of the Americans with Disabilities Act of 1990.</p> <div style="text-align: right; margin-top: 20px;">  </div>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
<div style="display: flex; justify-content: space-between;"> <div> Aug 25, 2003 <small>Date</small> </div> <div>  <small>Charging Party Signature</small> </div> </div>		SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE <small>(month, day, year)</small>	

Jerlene Harris, Applicant
15313 S. Ashland
Harvey, IL 60426
708.333.2130
1 of 9 pages

I began my employment as an Adult Educator with City Colleges of Chicago – Olive – Harvey campus on December 21, 1987 to the present. Since 1996, I have experienced continuous acts of discriminations, retaliations, and harassments by my employer, Dean Martha J. Barnes of the Adult Education Program. (Will be referred as the department) These issues and concerns are:

- ✓ Prolonging of disability benefits through SURS
- ✓ Total disregard for my health and safety issues
- ✓ Leave of extension request purposely delayed
- ✓ Reduction in assigned work hours
- ✓ Disregard of my tenure and seniority
- ✓ Denial of "light duty" assignment
- ✓ Denial of my request for accommodations due to my physical disabilities as a result of several accidents on the job
- ✓ No compensation for attending prior approved professional workshops
- ✓ Failure to distribute my payroll wages in the prescribed time period

EXHIBIT #1

1. **1996**, there was an overall state of fear for the safety of my students and myself in the classroom and thru out the mobile units site. I made numerous reported incidents of students out of control during class time. I received very little support from the department to enforce CCC's policy governing student's behavior.

March 14, 1996, a student verbally threatened me with body harm.

March 18, 1996, another student willfully kicked the classroom entrance door in my face I suffered a head trauma and my eyeglasses were broken which I was wearing at the time. My department "wash both issues under the table" at a meeting. I was not allowed any Union representations or prior advance notice of this meeting in order to present my witness's statement. CCC has never paid or reimbursed me for my medical expenses and lost wages as a result of my injuries. I have never received a letter from CCC's workers compensation insurance. (O-H incident and Security reports, police report, medical reports)

EXHIBIT #2

2. **1997**

I have had great difficult receiving compensation for my assignments for registration recruitment and reimbursement for supplies I purchased which were previously approved. (Letter of support)

2 of 9 pages

EXHIBIT # 3

1998

April 4, 1998

I attended an approved professional workshops Internet Training May 1st, and May 8, 1998. The department paid all required fees, after numerous attempts, I never got compensated for attending the workshop.

The retaliation for my requesting pay for the workshop resulted in being issued and received "off cycle checks" on 4-15-1998 and 5-12-1998. (O-H payroll records will reveal the required information had been submitted and approved by the department and that I should have received wages on the day of pay date for those periods.)

EXHIBIT #4

4. 1999

Issued and received "off cycle checks" on 2-16-1999 and 12-8-1999. O-H payroll records will reveal the required information had been submitted and approved by the department and that I should have received my wages on the day of pay date for those periods as well.

EXHIBIT #5

5. 2000

July 18, 2000

I exited the elevator in the main building slipped and fell resulting in injuring my back and carpal tunnel. According to Olive-Harvey's Personnel Assistant (Ms. Lenn Arnold) and Ms. Martha Barnes I did not have any benefits since I was an hourly worker. If I needed time off to recover from my injuries I could take a leave of absent without pay. I was off approximately three weeks but my pain persisted in my lower back, buttock and hand. I asked for but did not receive accommodations for better seating, overhead projector, and desk podium, with the exception of a teacher aide-, which I received for brief periods and far in between-, for my disability. I did not hear from CCC's workers compensation insurance until December 2000 when a booklet came with Xmas mail. (I hired an attorney in November 2000) I have required medical treatment three or more times per week to help relief me of this chronic pain. I have continued to receive this medical care thru 2001, 2002, and to the year of this letter 2003.

EXHIBIT #6

6. August 16, 2000 (approx.) Chicago Tribune 9th Annual Teacher Resource Fair, at Navy Pier, the department reimbursed me for the fee of \$35. I (never) could get compensation for attending the workshop.

May 7th, 2001

3 of 9 pages

A memo, regarding summer class assignments with the addition of levels 0.0 to 2.9 in Reading and math my request for reconsideration was honored.

EXHIBIT #7

6. July 25, 2001

Dr. Levy's letter asked for accommodation of "light duty" was given to Dean Barnes, she discussed the issue with Lenn Arnold, Personnel Assistant, by telephone, after her conversation, Dean Barnes stated to me the Department did not have "light duty", she added that I could take a non-paid leave.

EXHIBIT #8

7. October 3, 2001

Ms. Davis, (a student) was put out of the class because she continued to disturb the class. However, she convinced Asst. Dean Williams and Ms. Thompson, counselor that she was learning in my class and wanted to return to the class. The following week without provocation Ms. Davis slammed the classroom entrance door against my body. I believe her intention was to cause deliberate harm to me. (I received medical treatment for my injuries) The department only transferred the student to another class no other action was taken.

EXHIBIT #9

November 16, 2001

Adult Education Service Center Fall Conference -Northern Region Indian Lake Resort, Bloomington, IL. I attended a previously approved workshop and I (never) received my compensation for attending. The Department provided bus transportation

EXHIBIT #10

December 6, 2001

Dr. Levy's letter requested that I should be off work because my medical condition was poor. This letter was hand given to Dean Barnes and a copy also given to Lenn Arnold. However, there were no change in my assignment.

EXHIBIT #11

December 2001

I wrote a letter to receive 10.5 hours of compensation for attending two required work-training sessions at Malcolm X College, June 15, 2001 and at Richard Daley College, October 5, 2001. All Adult Educators received their compensation for these two professional training sessions long over due. According to City Colleges policies, a Adult Educators shall be paid no more than 21 days after initial performance and or activity.

EXHIBIT #12

January 2002

4 of 9 pages

I reported to the Union Local 3506 Olive -Harvey College's steward and chief steward that a clerical worker- Mrs. Murry was teaching a reading class, and that part-time non-union clerical workers were being assigned to work registration recruitment in the community. The Adult Educator had established past practice and job duty to perform registration recruitment at their hourly rate. However, the department started asking Adult Educator to volunteer their services to distribute the flyers in their community. The Local 3506 did not take action regarding this information either.

EXHIBIT #13

February 5, 2002

I signed ref. OH 004445 to request to attend a two days conference on March 6-7 in Springfield, IL. During the week of March 5, 2002 I was told that the conference will be three days in Springfield. Mrs. Barksdale and Asst. Ann Williams assured me in front of a witness, Mrs. Ola Roudez, that I would be compensated for March 8, 2002. However, when I tried to include the third day on my time sheet I was told -by Asst. Dean Williams- the money came out a different budget therefore it could be not be included with the regular hours. I was not compensated for March 8, 2002 session. CCC provided the bus transportation for all the staff. I was allowed an entire seat due my medical condition. The bus returned to Springfield on March 8TH at 1:30pm to take the group back to Chicago which arrival at Malcolm X College at 6:30pm. According to the Dean Barnes's memorandum February 1, 2002 The District Office and the Adult Education Program at Olive -Harvey College, sponsored this three days conference. I filed a union grievance 107-02 my for compensation.

EXHIBIT # 14

April 19, 2002

I attended an approved professional training GED Math and Science Workshop from 9:00am to 3:00pm. The department paid the fees. I was never compensated.

*

EXHIBIT # 15

May 13, 2002

I completed ref # OH 004769 to attend a two days professional training for GED Illinois Online Instructor on June 13th and 20th 2002. I was not allowed to attend this two days workshop which I brought to the attention of the Department. Asst. Dean Williams stated one day before the conference that I could not attend the conference "because the requisition did not go thru" " I f I wanted to attend I had to lose a day pay, pay for sessions, and provide my own transportation." However, I later learned another worker, Mrs. Barksdale was allowed to attend this conference at the expense of the Department. The conference was designed for one Administrator and one Adult Educator to attend for one price of \$20. I expressed my dismay to others out side of the department. I was later allowed to attend this training on August 8, 15, and 2002 at the department expense.

5 of 9 pages

EXHIBIT # 16

May 2002

My seniority and written request was not considered in the assignment of class for summer 2002 term. My work hours per week were reduced to 21 hours. I was not given the same consideration as other workers with more seniority than me to choose available position. I had 14 years of employment with the department and workers with less years were selected to have more work hours than myself. I filed a Union grievance 107-03 in regards to my seniority status. Again, I was assigned to teach levels 0.0-2.9 that I (never had training to teach at such a lower level), my letter to request a change in my schedule was denied, prior to the previous request change in 2001. This assignment also cause me undue mental and physical stress .

EXHIBIT # 17

August 14-15 2002

I was verbally threatened with disciplinary action by manager, Ms. Mc Ghee, manager if I did not pick -up a box containing students sample work and official reports which weight more than my capacity to lift (physician 's order # 10lbs.) which resulted in another personal injury of a damaged nerve, which Ms. Mc Ghee was informed of my medical history. The department did not take any action . (see October 2, 2002 letter to Local 3506)

EXHIBIT # 18

Fall term 2002

I was required to do an assignment but I was not allowed enough paper to complete the task. I was faced with disciplinary action by manager, Ms. A. Williams, if the assignment was not finished before I left the campus I got help from another co-worker, Mrs. B. Neeley , who shared her paper supply. September 7, 2002, I felt forced to spend my wages to buy Xerox paper since I could not get material the first week of class to be prepared for the coming week. I was never reimbursed for the purchase of the paper. (see October 2, 2002 letter to Local 3506)

EXHIBIT # 19

October 2, 2002

I reported to the EEOC officer, Ms. Sharon Prayor the continuous discrimination /retaliation actions of Dean Barnes and the need for accommodations for my disability. I did not receive any relief in fact condition got worst the following term (January 13- February 3, 2003 all of my ten minutes breaks were cancelled and the students' schedules were very confusing for weeks.) I also reported my issues of continuous discrimination /retaliation actions of Dean Barnes in a detailed grievance to the president of AFSCME Local 3605.

EXHIBIT # 20

October 10, 2002

6 of 9 pages

A staff meeting was scheduled when I was off duty and had to information to be discussed at the meeting. She stated that she would have a brief meeting with me on Monday, October 14, 2002 even though I was returning back to the campus for my 3:30p.m. class and we saw each other when I returned, she still insisted I would get the information next week. During the brief meeting on 10-14-02, I was told about the Distinguish Adult Educator Award Announcement but not the deadline for completing your package. The GED Online Instruction positions which required an applicant to volunteer 8 hours of training on campus the following Friday. I shared with Dr. Harvey the fact that I had already received my certificate to teach GED Online in August 8th and 15th 2002. After Dr. Harvey spoke with Dean Barnes by telephone it was decided that I still had to volunteer for 8 more hours on Friday to be considered for the position. Even though, I already had received 12 hours of training and a letter from the Presenter, Barbara Sabaj stating I definite did not need the class on Friday. I applied for the position but I was not considered for any of the seven openings.

After being nominated and as courtesy to my co-worker, I decided to add a few pages to my previous nomination package for the Distinguish Adult Educator Award due my failing health, I did not met the deadline. I asked Dean Barnes for an extension do to the circumstances of my deteriorating health and the four days delay Of not informing me about the Distinguish Adult Educator Award Announcement. (see my letter November 18, 2002 and Dean Barnes 's reply in a letter October 18, 2003.

EXHIBIT # 21

December 19, 2002

I was instructed by Dr. Harvey, manager, to change my grade on the Students Attendance Report (SAR) to increase funding for the department. Dr. Harvey provided me with a letter to make these changes.. (I reported this information to a State agency)

7 of 9 pages

EXHIBIT # 22

January 13 - Feb 3, 2003

The department continued to deny me accommodation of a teacher's aide to assist with the over-crowded literacy classroom and the addition demands of teaching the lower levels students. These students had many disciplinary problems and special learning disabilities which I had no training to address. The department would not enforce CCC's student behavior policy. It was very painful for me to perform many tasks required in teaching: writing on the blackboard seem to split my back in half, sitting, walking, standing, any forward bending movement increased my pain level. This environment was very stressful for me. I was continuing receiving medical treatment three to four time per week as a result of injuries on the job since 2000. I was never told about the "sincere illness clause benefits" in CCC's District - Wide Employee Manual nor was I allowed this valuable resource only full-time Employees were given CCC's District Wide Employees Manual according to Ms. Lenn Arnold, Personnel Assistant.

EXHIBIT # 23

January 13, 2003 to February 3, 2003

Dr. Harvey, manager, suspended all of my 10 minutes breaks after 50 minutes of contact with the students. (This action also included the student too.) I was force to work thru my assigned three classes on Mondays and Wednesdays of 4 hours, ½ hour break (used for preparing for the next class, brief meeting, and maybe lunch it was a state of high tension rush) before the next class then 3 hours and 1 hour. On Tuesdays and Thursdays, I was forced to work thru my assigned two classes of 4 hours, on my break between classes I went to the doctor to received medical treatment for my pain in order to complete another 1 hour class in the afternoon.

EXHIBIT # 24

January 2003- February 3, 2003

My ABE/GED reading class ranged from 4.0 to 10.9 levels the class was so over crowd, I had to move between two classrooms 509 and 508 in building # 5. I was told by Dr. Harvey, manager, that I could not turn a student away no matter what time he /she came to class. This directive created an unsafe and unproductive learning environment. (Check students' sign-in sheets.)

EXHIBIT # 25

January 21, 2003

I was directed by Asst. Dean Ann Williams to allow the literacy level students to sign-in and leave to go to another class because a conflict in scheduling existed. I refused to comply with this request. It was very difficult to teach since some students came only on Mondays and Wednesdays, Tuesdays and Thursdays, and Mondays - Thursdays. This created a climate that I could not determine where the student belong since I could not get a copy of the Adult Education Grade Report which listed students assignments. (The students sign-in sheets will support my claim.)

8 of 9 pages

EXHIBIT # 26

January 23, 2003

I took pictures in the area where the overhead projector and stand were being stored as a "catch all" in building # 5. On Monday January 27, 2003, Dr. Harvey, manager allowed me to have the overhead projector and stand but without the necessary supplies needed to use the equipment. It was also my responsibility to push this equipment 35 plus pounds over 40 yards to the next building.

EXHIBIT # 27

February 3, 2003

I fell in the women's restroom in the stall (without rails or handicap accessible) in building # 6. My department fail to follow written procedures outline in CCC's District -Wide Employee Manual -Incident/Accident Report page 59. Olive-Harvey Security's report # 2297 is an inaccurate report as to the facts as I reported to the officer. My reported account, the witness's names and their account were not taken, I was not allowed to read or sign this document for accuracy. I later learned this erroneous report was used as facts to report my accident to CCC self-insured workers' compensation insurance carrier, Crawford Insurance. This company denied me benefits base on the information that was reported by my employer. I appealed their decision but I have not heard from this company again.

EXHIBIT # 28

February 21st and March 21st, 2003

My employer, Dean Barnes and Ms. Lenn Arnold, Personnel Assistant, both willfully delayed to report pertinent information has jeopardized me from receiving my benefits. The employer section page 1 and 2 were filled with errors and omissions which has delayed processing my application. Lenn Arnold stated in the application that I was entitled to receive workers' compensation benefits, however; CCC's self-insured, Crawford Insurance denied my claim as not work related. I am petitioning the law to investigate this gross misuse of authority by Dean Barnes and Lenn Arnold. I have suffered mentally and financially distress. My SURS application- was received April 14, 2003- has been pending medical review over 120 days. I have been without any income since February 2003.

EXHIBIT # 29

March 7, 2003

I was denied my wages because I would not sign a statement in Olive -Harvey College payroll department stating that I had returned from my medical leaves. I filed a charge with The Department Of Labor. I was finally issued and received my wages "the off cycle check" on March 28, 2003.

EXHIBIT # 30

May 30, 2003 - July 31, 2003

Dean Barnes continued to harass me requiring me to wait long periods of time and still refusing to sign two required documents: CCC 's Leave Extension Request form and Payroll Status form on the date I submitted them for review. Prior to May 30, 2003, my immediate supervisor, Asst. Dean Ann Williams had been signing these forms without any problem.

EXHIBIT # 31

August 22, 2003

I have been denied my retroactive pay increase to July 1, 2002 that was Board approved July 2003 and my retention differential pay.

EXHIBIT # 32

August 24, 2002

An Adult Educator mandatory staff development workshop was scheduled for this day. I had to attend or face being fired according to the department. I had surgery scheduled on this day.

EXHIBIT # 33

January 7, 2003

According to Dean Barnes's letter of 1-07-03, she became aware of my needs for accommodations for my disabilities as a result of injuries that began and persisted on the job accidents of July 18, 2000.

*

EXHIBIT # 34

May 3, 2002

I attended an approved workshop -Coping with GED Math - the department paid the fees and travel expenses but did not compensate me in wages.

~~Johnnie Harris~~
768-353-2130
JAN. 15, 2004

Exhibit #20

Insert correction

Should read:

A staff meeting was scheduled when I was off duty and had to go the doctor for therapy. I asked Mr. Harvey if there were dead lines information to be discuss at the meeting.

Exhibit #21

Insert correction:

- State agency, Attorney General office
(312) 814-3000 on 2/4/03
Mr. Don Carter, (312) 814-1528
814-8537 and a later return call.

- Unit 5 News.

I left a message on Renee Furgerson's voice mail on 2/4/03 after I heard her report of "ghost student records."

EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):



FEPA



EEOC

210-2003-35135

Illinois Department Of Human Rights

and EEOC

State or local Agency, if any

Name (Indicate Mr., Ms., Mrs.)

Ms. Jerlene Harris

Home Phone No. (Incl Area Code)

(708) 333-2130

Date of Birth

10-15-1946

Street Address

City, State and ZIP Code

15313 Ashland Harvey, IL 60426

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

CITY COLLEGES OF CHICAGO - OLIVE HARVEY COLLEGE

No. Employees, Members

500 or More

Phone No. (Include Area Code)

(773) 291-6700

Street Address

City, State and ZIP Code

Olive Harvey Skills Center 10001 South Woodlawn Avenue Chicago, IL 60628

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)



RACE



COLOR



SEX



RELIGION



NATIONAL ORIGIN



RETALIATION



AGE



DISABILITY



OTHER (Specify below.)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

09-02-2003**09-02-2003**

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)).

I was employed by the Respondent since December 27, 1987, most recently as an Adult Educator. On August 25, 2003 I filed an EEOC charge against the Respondent (EEOC Charge No. 210-2003-34923) regarding disability discrimination. On August 29, 2003 I was released to work. On September 2, 2003, Respondent refused to allow me to return to work.

I believe that I have been retaliated against and discriminated against on the basis of my disability in violation of the Americans with Disabilities Act of 1990.

RECEIVED EEOC

SEP 04 2003

CHICAGO DISTRICT OFFICE

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

Sep 04, 2003

Date

Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

Jerlene Harris
15313 Ashland
Harvey, IL 60426
708-333-2130

CHARGE OF DISCRIMINATION/Retaliation
EEOC
210-2003-34923

Notes regarding treatment at olive -Harvey College to be re-instated in the position of Adult Educator with "light duty " per Dr. Xia's statement.

August 29, 2003 Friday at approximately 4:43 pm., I signed the guest book with security at the front entrance desk at Olive -Harvey College. I was bring my doctor's statement to return to work on a 'light duty base " I had to report to Martha J. Barnes, Dean of the Adult Education Program, who was in her office when I arrived. I submitted the statement to Barnes after she read it she stated that the department did not have 'light duty'. We left her office to go to the personnel department that was closed for the day. We then went across the hall to the President's office there Barnes gave this statement - to the President's secretary- " We don't have light duty in the department do we?" Ms. Johnson, secretary, replied that she did not know and that Barnes should check with Lenn Arnold, personnel assistant. We went back to Dean Barnes's office where she refused to record her statements to me in writing regarding the " light duty " issues. She wrote two comments on the doctor's statement but she did not use hers initials. After I left the building and was reviewing the document I noticed there were no signatures below neither comments on the doctor's statement. I returned to Barnes's office and pointed out theses omissions of her signature and the clearly wrong initial "ZLP arms" were not her correct initials. Barnes verbally objected stating that is was her initials MJB, She then signed her name at the top of the paper but at the bottom she made the P a B and spelled out Barnes. I finally left her office feeling another day of harassment.

2003
September 2, 2003, ~~Monday~~, I went to Olive-Harvey College today to see Lenn Arnold to be re instated to work with 'light duty' per Dean Barnes on August 29, 2003. At the personnel office, I met Ms. Clark who stated she was Ms. Arnold 's helper. I told her the nature of my visit she asked me to have a seat while she get the paperwork together. While , I was waiting in the small waiting area between the President's office and the personnel office, I notice Mary Melton Williams, Dean Barnes' secretary, go into Ms. Clark 's office where they held a long conversation. When Ms. Williams left the office, Ms. Clark came out to inform me that I had to see Dean Barnes about the nature of my visit. I asked Ms. Clark to sign my paper for verification that I did report to the personnel department on 9-2-03 she refused, in fact ; she forgot her title when I want to take note regarding her comments. I went to Barnes's office she instructed me to return at 1:05pm for a meeting regarding returning to work on LIGHT DUTY base"

At the afternoon meeting 9-2-03 from 1:20to 2:45pm. , Ms. Hawkins, steward, Ms. Ann Williams , Asst. Dean, Dean Barnes , William Brown, witness for Harris, Jerlene Harris, and Eugene Nichole, Manager of Human Resources Central Office 312-553-2874- via telephone -.

I was not re-instated today. Mr. Nichols and Martha J. Barnes both agreed not to sign or initial my application for re-instatement to my position as an Adult Educator with Olive-Harvey College pending the affects of my meds on my thinking to perform the duties of the job- which I reported were in the process of being change and I did not recall the names nor did I know the side affects of the meds since I WAS NOT TAKING THEM YET, specify information was required about the orthro- chair and it must be available before I could return, and if there was an available assignment - according to Asst. Dean Williams , my previous assignment has been given to someone and that my lock will be broken off the cabin in the classroom.

I requested for a SURS ' DISABILITY PACKAGE AND AVAILABILITY TO SUBSTITUTE FORM I WAS NOT GIVEN NEITHER.

Ms. Hawkins slept most of the meeting; her only comment pertained to a grievance meeting on 4-1-03 in support of Dean Barnes untrue statement.

Dean Barnes's letter of January 7, 03 and Dr. Xia's medical statement December 27, 2002 clearly indicate that the orthopedic chair was needed for me.

Jerlene Harris

Case No. 03-E-122

City of Chicago
 COMMISSION ON HUMAN RELATIONS
 740 N. Sedgwick, 3rd Floor
 Chicago, IL 60610
 (312) 744-4111 [Voice] / (312) 744-1088 [TDD]

COMPLAINT**COMPLAINANT'S NAME**Jerlene Harris**TELEPHONE NO.**(708) 333-2130**STREET ADDRESS**15313 Ashland**CITY, STATE AND ZIP CODE**Harvey, IL 60426**RESPONDENT'S NAME(S)**City Colleges of Chicago, Olive Harvey Campus**TELEPHONE NO.**(773) 291-6700**STREET ADDRESS**10001 S. Woodlawn St.**CITY, STATE AND ZIP CODE**Chicago, IL 60628**DISCRIMINATION BASED ON (CHECK AS MANY AS APPROPRIATE)**☐-RACE☐-COLOR☒-SEX☐-AGE☐-RELIGION☒-DISABILITY☐-NATIONAL ORIGIN☐-ANCESTRY☐-SEXUAL ORIENTATION☐-MARITAL STATUS☐-PARENTAL STATUS☐-MILITARY DISCHARGE STATUS☐-SOURCE OF INCOME☐-RETALIATION☐-GENDER IDENTITY**DATE DISCRIMINATION TOOK PLACE-LATEST DATE IF CONTINUING**March 7, 2003 and ongoing**TYPE OF COMPLAINT**☒-EMPLOYMENT☐-HOUSING☐-PUBLIC☐-CREDIT☐-BONDING

ACCOMMODATION

THE PARTICULARS ARE (ADD EXTRA PAGE/S AS NEEDED)

1. I was hired by Respondent to work at the Olive Harvey Campus. My last job position was that of an Adult Educator, working in the Adult Education Program. I am presently disabled. As the result of a work related accident which occurred on July 18, 2000, during work hours on Respondent's premises. I suffer from chronic back pain. I cannot sit or stand too long. I also have carpal tunnel syndrome on my left wrist, and I suffer from depression.

I swear or affirm that I have read this Complaint (this page and 1 additional page/s)
 and that it is true and correct to the best of my knowledge, information and belief.

Jerlene Harris
 Signature of Complainant

August 26, 2003
 Date Signed

CCHR Complaint 2

Case No. 03-E-122

2. I re-injured myself as a result of a fall on February 3, 2003, when I fell in Respondent's washroom. The fall aggravated my existing condition of lumbar disc disorder, carpal tunnel syndrome and depression. I am in constant pain. I was forced to take a medical leave because I am incapacitated. I followed my physicians advice.
3. On or about February 26, 2003, Crawford Insurance Company, the company that processes workman's compensation claims for Respondent, informed me by letter that they were processing my worker's compensation claim and that Respondent wanted the claim to be processed in a timely fashion. However, On March 10, 2003, Crawford Insurance informed me by letter that my workman's compensation claim was denied because my injury was non-work related. I believe Respondent willfully sent conflicting information to Crawford Insurance Co. by failing to fill out the required information that led Crawford to deny my workman's compensation claim.
4. I applied for disability through the State University Retirement System (SURS). I was informed by Lenn C. Arnold (female, non-disabled), Personnel Assistant, that I was eligible for disability benefits through SURS. Dean Martha J. Barnes (female, non disabled), agreed at the time with this assessment.
5. On March 6, 2003, I sent a letter Arnold, to bring to her attention the errors she and Dean Barnes made on my SURS disability which omitted required information which could interfere with the approval of my disability benefits. Since I applied for disability benefits, Dean Barnes and Arnold, have willfully mishandled my disability application by omitting important information which has delayed the application process. I believe that this omission on their part was willfully done to prevent SURS from sending me the monthly benefits. I was treated in a different manner from Uwabunkoyne Adighibe (a disabled male co-worker), who applied for disability benefits in April 2003, and has received disability benefits without delay.
6. SURS received my disability application on April 14, 2003, which has been pending for review for over 120 days. The failure to receive any income since February 2003, has caused me mental anguish and financial difficulty.
7. I sent a certified letter to Dr. W. Watson (male, non-disabled), Respondent's Chancellor, to inform him of the problems I was experiencing in getting Dean Barnes to sign the required Leave Extension Form and the Payroll Status Form requests.

Dean Barne's failure to comply with Respondent's Personnel Rules and Policies concerning medical leave and payroll status requests is discrimination covered by disability.

The relief I seek is:

- a) To receive disability and medical benefits; and
- b) All other relief available to me under the law.

ASSIGNED LOCUS (S/C)
 Administration
 Faculty
 Staff
 Students
 Non-Students

City Colleges of Chicago

DEPARTMENT OF SECURITY AND SAFETY

2. Incident Report Number

2297

1. Name of College/Facility

Olive Harvey

3. Date Investigation Completed

Day 03 Mo FEB Yr 03 Time 1400

6. Date of Incident

Day 03 Mo FEB Yr 03 Time 1255

4. Incident

Injury

5. Location of Incident

Women's Washroom

7. Victim's Name

Harris, Geraldine

8. A/C

2

9. Sex

F

10. SSN#

336-38-5380

11. Date of Birth

601

12. Address/Room #

708-333-2130

14. Person Reporting Incident

Eiland, Dale

15. A/C

3

16. Sex

M

17. SSN#

773-291-6348

18. Date of Birth

273-291-6348

19. Address/Room #

27. Telephone #

21. Witness Name

22. A/C

23. Sex

24. SSN#

25. Date of Birth

26. Address/Room #

27. Telephone #

28. Offender's Name

29. A/C

30. Sex

31. SSN#

32. Date of Birth

33. Address/Room #

34. Telephone #

35. Offender's Address

36. Telephone #

37. Charges, if in Custody

38. Court Date/Time

39. Court Branch/Location

Type of Injury/Illness:

BACK INJURY

Body Part Injured:

BACK, LOWER

First Aid Received:

Description of Accident:

Property Damage Information, if applicable:

Environmental Condition:

Was Workers' Compensation Referral Card Given:

Y (N)

Police Report Made:

Y (N)

Report #

40. NARRATIVE:

Give description of entire incident, if a personal injury, ensure a check of the area is made and report by Security.

Answer questions - who, what, where, why and how. List additional victims and offenders in narrative - if needed, use other side.

Report Allegations:

In summary victim related to Ro that while removing herself from the bathroom, she lost her footing and slipped onto the toilet causing injury to her lower back. Ambulance number nine (9) arrived on scene and transported the victim to Trinity Hospital Ro, along with Mrs. Steward, a female faculty member investigated to see if there was any slippery substance on the floor. In fact the floor was dry.

Continued on Reverse Side

41. Routing System

President

Business Mgr

Attorney/General Counsel

Other (Specify)

Victim's Dept Head

Engineer

42. Signature/Reporting Officer

Dale Eiland

44. Date Report Prepared

Day 03 Mo FEB Yr 03 Time 1300

43. Approval/Supervisor

E. J. Jones

45. Reviewed/Director

Revised 10/98

Copies Made and Forwarded by

On

61

Subject: Jerlene Harris' Fall

Date: Tue, 04 Feb 2003 13:36:43 -0600

From: "Martha Barnes" <mbarnes@ccc.edu> Internal

Organization: City Colleges of Chicago

To: Charles Green <cgreen@ccc.edu>, Therese Bushner <tbushner@ccc.edu>,
Maurice Rodgers <mrogers@ccc.edu>

CC: stjohanson@ccc.edu

FYI.

You may want to forward the security report to legal. She already has a couple of legal issues/Workman's comp with CCC.

Subject: JHarris

Date: Tue, 04 Feb 2003 10:59:28 -0600

From: "Ann Williams" <annwilliams@ccc.edu>

Organization: City Colleges of Chicago

To: Mbarnes@ccc.edu

On Monday Feb. 3, 2003 around 12:50 p.m., Ms. Jerlene Harris had a fall in a stall in the washroom in building 6. An ambulance came and took her to Trinity Hc I spoke to her this morning. She said that she was in a squatting position and was reaching for paper and her foot slipped. She suggested that something might have been on the floor. She said that her foot went up and she fell back into the toilet. She claimed that this caused her great pain. She further stated that she called her doctor and that he said for her to go to the emergency room. She stated that she went to the emergency room and was given strong pain medication and was referred back to her physician. She called this morning. She reported that she is in too much pain to come to work, and that she will call me daily to keep me informed.

Security was called and Officer Dale Island reported that he went into the washroom to investigate and did not find any liquid on the floor. In fact, it was dry.

Ann

Exhibit
①



Memo

To: Dean Barnes

From: Jerlene Harris, Adult Educator

Jerlene Harris

CC: Mrs. Ann Williams, Asst. Dean

Date: February 4, 2003

Re: Accident on February 3, 2003 in bldg. 6

On February 3, 2003, approximately at 12:55pm, I was in building six women restroom in the stall where my foot slipped in something on the floor when I turned to get the tissue paper. My back area hit the toilet several time before I could gain control. I was taken to Trinity Hospital by ambulance for emergency treatment. Because I was experiencing lots of pain, the emergency room doctor recommended additional rest with medications and suggested I have a follow-up with my treating physician.

I made an accident report with Olive-Harvey Security. A student and I verbally told Dr. Harvey, supervisor about the accident.

I was very disturbed that I did not receive any compassion from my supervisor to call my doctor or the ambulance to transport me to the hospital.

March 6, 2003

Certified Mail

Ms. Lenn Arnold, Personnel
Olive-Harvey College
10001 So. Woodlawn Ave.
Chicago, IL 60628

Dear Ms. Arnold,

Re: State Universities Retirement System (SURS) Application for Disability Benefits.

On February 25, 2003, I received only the Employer Section (Part 1 and Part 2) of SURS Application for Disability Benefits. The instructions for completing the application clearly states "Do not separate the pages of this application", I was only given the Employer Section (Part 1 and Part 2). In the Section that I received, portions of the application was left blank, information not specified, statements not complete, categories ~~off~~ the positions and the selections of time spent are unclear, and statements that did not describe correctly the physical aspects of my "typical required workday". According to the SURS instructions, "If this application is not fully completed it will be returned for completion." After your review and at your request, I will return the original document.

Employer Section Part 1 reflect errors. In Item 5 - Date disability occurred should be 7/18/2000. Item 6 - last day paid is incorrect. I have not been paid for the last day I worked. Item 9 - is also incorrect. "01/19/03 to 02/01/03" is not the last payroll period for employment for 02/03/03. Item 11 please explain what Fortis Benefits are. Item 13 failed to provide policy#, Name, address, and phone numbers of Worker's Compensation Administrator. Item 14 - not complete, i.e. weekly benefits \$ amount and effective date omitted. According to SURS' representative this information MUST be given. (1(800) ASK SURS). Item 15 can not be left blank. There should be Remarks or "N/A", Item 16 - Title of Employer Representative is omitted.

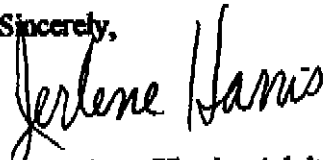
Employer Section Part 2 (Physical/Non Physical aspects of job to be completed by Claimant's Supervisor) Claimant's Occupation left blank. It should read Occupation: Adult Educator. Item 1- typical workday. It is unclear which position matches my alternate position options. (One position response has been omitted). Item 2 - Claimant Must: The positions and time varies. When working with adults that are reading below the 3rd grade level and when their comprehension skills are low, they require constant one on one interaction, which requires me to constantly bend/stoop and crouch. The evaluation does not take this into consideration. Stated as is, it cannot be determined what response matches what position. Some positions do not have a response. Item 3 - Claimant Must: The weight field not completed. You cannot determine what field matches what. Item 4 - omission of use of feet. Again working with students that require one on one interaction, does require a lot of walking to give them the attention and the help that is needed. Item 5 - Omission of use of hands. Hands are required in any classroom to write, grasp pencils, objects, direct, etc. Item 6 - Omission of fluctuating

Ms. Lenn Arnold, Personnel
Re: SURS Application for Disability Benefits
Page 2

temperatures in the classroom, traveling from building to building, exposure to dust in the classroom and bird dropping surrounding the external walkways of the building. Item 7 - The responses are not accurate. Item 8 - is also inaccurate. The answer should be yes. The job does require demand for prolonged high visual acuity. This is true when completing Official SARs. Supervisor's Title omitted from document.

Thank you for your cooperation and immediate assistance in completing the application and process.

Sincerely,



Ms. Jerlene Harris, Adult Educator
15313 So. Ashland Ave.
Harvey, IL 60426

cc: Dr. Charles Green, President
Ms. Martha J. Barnes, Dean of Adult Education Program

State Universities Retirement System

APPLICATION FOR DISABILITY 1

EMPLOYER SECTION - PART 1 (Please print in BLACK INK)

All questions must be completed. If information is an estimated date, please indicate "est" beside it.

1. Name of employer: City Colleges of Chicago, Olive-Harvey College
2. Name of claimant: Jerlene Harris
3. Social Security #: 336 - 38 - 5380 4. Last day worked: 02 / 03 / 03
5. Date disability occurred: 02 / 03 / 03
6. Last day paid (including sick and/or vacation) 02 / 21 / 03 7. Effective date of leave 02 / 03 / 03
(this is the day after last day paid)
8. Is claimant disabled from performing the duties of their position? ☒ Yes ☐ No
9. Dates of last payroll period: 01 / 19 / 03 to 02 / 01 / 03
10. Basic monthly earnings: \$2,322.33 Monthly basis ☐ 9 month ☒ 12 month ☐ Other _____
(This is the monthly rate they were receiving on last day worked)
11. Does claimant have any coverage(s) with Fortis Benefits? ☐ Yes ☐ No Unknown
If YES, list type of coverage(s): _____
12. Have you and the claimant discussed reasonable accommodations which would allow a return to work?
☐ Yes ☒ No Claimant's physician statement indicates she is unable to work
If YES, explain: _____
13. Did this disability occur as a result of claimant's employment? ☒ Yes ☐ No ☐ Disputed
If YES, or under dispute, please provide policy#, name, address, and phone # of Workers's
Compensation administrator. City Colleges of Chicago, 226 West Jackson Blvd.
14. To the best of your knowledge, is the claimant receiving, or entitled to receive benefits from any of these sources?
SALARY CONTINUANCE ☐ Yes ☒ No
Amount \$ _____ Per _____ From _____ / _____ / _____ to _____ / _____ / _____
WORKERS' COMP ☒ Yes ☐ No Weekly benefit \$ _____ Effective date _____ / _____ / _____
Amt. of benefits unknown at this time
EMPLOYER PAID INSURANCE CONTRACT ☐ Yes ☒ No
Amount \$ _____ Per _____ From _____ / _____ / _____ to _____ / _____ / _____
OTHER ☐ Yes ☒ No _____
15. Remarks: _____

16. Authorized Signature & Title of Employer Representative completing this section:

Lenn C. Arnold
(Signature)Lenn C. Arnold
(Title)773/291-6210
(Phone)773/291-6226
(Fax)02-24-03
(Date)

State Universities Retirement System

APPLICATION FOR DISABILITY 2

EMPLOYER SECTION - PART 2 (Physical/Non Physical Aspects of Job - to be completed by Claimant's Supervisor)

Claimant's Occupation: Jerlene Harris SS#336-38-5380

1. In a typical work day, give number of hours claimant spends in each of these positions and if claimant may alternate positions.

Position	Total # of Hours	May Alternate Positions
Sitting	1 2 3 4 5 6 7 8	<input checked="" type="checkbox"/> At Will <input type="checkbox"/> 15-30 mins <input type="checkbox"/> Hourly <input type="checkbox"/> Never
Standing	1 2 3 4 5 6 7 8	<input checked="" type="checkbox"/> At Will <input type="checkbox"/> 15-30 mins <input type="checkbox"/> Hourly <input type="checkbox"/> Never
Walking	1 2 3 4 5 6 7 8	<input type="checkbox"/> At Will <input type="checkbox"/> 15-30 mins <input type="checkbox"/> Hourly <input type="checkbox"/> Never
Driving	1 2 3 4 5 6 7 8	<input type="checkbox"/> At Will <input type="checkbox"/> 15-30 mins <input type="checkbox"/> Hourly <input type="checkbox"/> Never

2. Claimant Must:	Never	Occasionally	Frequently	Continuously
Bend/Stoop	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kneel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Claimant Must:	Never	Occasionally	Frequently	Continuously
Lift Usual Amt. <u>10</u> lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lift Max. Amt. <u> </u> lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry Usual Amt. <u>10</u> lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carry Max Amt. <u> </u> lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. On the job, claimant uses feet for repetitive movements as in operating foot controls.

Right: ☐ Yes ☒ No Left: ☐ Yes ☒ No Both: ☐ Yes ☒ No

5. On the job, claimant uses hands for repetitive action such as:

A. Right: ☐ Simple Grasping ☐ Firm Grasping ☐ Fine Manipulation

B. Left: ☐ Simple Grasping ☐ Firm Grasping ☐ Fine Manipulation

6. Does job require working at Heights? ☐ Yes ☒ No

Does job require exposure to marked changes in temperature and humidity or extremes thereof? ☐ Yes ☒ No

Does job require exposure to dust, fumes, gases, chemicals? ☐ Yes ☐ No

7. Stress/Non Physical

Stress level of position is: ☐ Low ☒ Medium ☐ High
☒ Occasionally ☐ Frequently ☐ Continuously

8. Does job require continuous demand for prolonged high visual acuity? ☐ Yes ☒ No

Signature/Title

Martha J. Barnes
(Must be supervisor completing this form)

Date

2/24/03



March 10, 2003

Jerlene Harris
15313 S. Ashland
Harvey, IL 60426

RE: Employee: Jerlene Harris
Employer: Olive-Harvey College
Acc Date: 02/03/03
Our File: 2333-15990
Our Client: 12381 - City Colleges of Chicago

Dear Ms. Harris,

Our office handles the worker's compensation matters for the above captioned employer.

Based upon information we have recieved it has been determined that the injury you sustained is not work related therefore any claim for benefits is denied under worker's compensation. We recommend you submit all bills to your group insurance carrier for processing.

If you have any questions please do not hesitate to contact me.

Sincerely,

CRAWFORD & COMPANY

Kathy L. Cushing
WC Adjuster
847-517-3016

cc: Olive Harvey College
10001 S. Woodlawn Ave.
Chicago, IL 60628
Attn: Donna Sacco

October 2, 2002
Jerlene Harris
Adult Educator
Olive-Harvey College
15313 South Ashland
Harvey, Illinois 60426

Sue Schulz, President
AFSCME LOCAL 3506
City Colleges of Chicago
Adult Educators & Coordinators
111 North Wabash, Suite 2012
Chicago, Illinois 60602

Dear President Schulz:

My name is Jerlene Harris, Adult Educator at Olive-Harvey Campus, I have been a full pledged member since the onset of this union. My concerns now are that Local 3506 representative officials have failed to resolve my grievances 107-02 and 107-03 and to investigate discrimination/retaliation actions by the administration in the Adult Education Program at Olive-Harvey College which are conditions governed by the Collective Bargaining Agreement with City Colleges of Chicago. I have made numerous telephone calls to Zelda Traylor, Steward for Olive-Harvey Campus, Earl Sibar, Chief Steward, Katie Clay, legal representative, and Sue Schulz, President. None of these contacts have led to a resolution of these grievances and discrimination/retaliation actions. The officials lack of action in a timely matter has set the stage for gross negligence which may have jeopardized negotiation to resolve these grievances. On August 1, 2002 I submitted a memo to Zelda Traylor and Earl Silbar both Officials of local 3506 to investigate the truth of grievance 107-02; however, this local has not replied.

I am seeking full compensation for lost wages for Summer 2002 of \$788.95 and full compensation for four (3) all day approved professional development workshops I have attended. I am also seeking accommodations for my physical disabilities which was the result of a fall at Olive-Harvey College on July 18, 2000, and that all discrimination/retaliation actions that I have endured cease.

GRIVANCE 107-02 April 14, 2002 Compensation for approved Professional Workshop

This grievance has never been addressed since I filed.

Adult Education Program Olive-Harvey College

Dean Martha Barnes has refused to give me compensation for an approved professional development workshop held in Springfield, Illinois on March 6-8, 2002.

Additionally, I have attended three (3) full days of approved professional workshops with no compensation given:

- ◆ **March 8, 2002 IACEA 23rd Annual Conference in Springfield, IL**
- ◆ **April 19, 2002 GED 2002: MATH AND SCIENCE WORKSHOP**
- ◆ **May 3, 2002 COPING WITH GED 2002 MATH**

Article VI-- Employment Conditions

Section 1: Staff Development

(a) ...while attending staff development activities, employees will be paid at their regular hourly rate of pay...

...The employees shall be paid for the time spent attending such activity or the employee's regularly schedule class time, Which ever is greater...

(b) The Board will compensate employees for attending assigned professional development activities approved by the College (s). While attending such activities employees shall be compensation at the appropriate hourly rate... approved in advance by supervisor, upon the submission of the appropriate documentation...

Article III-- Prohibited Actions

Section 1: Discrimination

... (age , physical handicap)...

Summer 2002 and Fall 2002 The Adult Education Program continued to disregard my partial disability (Dr. Levy 's letter of July 25, 2001 described my medical limitations) and my letters regarding lack of training to be assigned to teach reading and math at level at 0.0-2.9 these students have very special needs / from our general student population.

Dean Barnes continues to make statements to me that I move too slow in performing a given task and " If I come to work District 508 policy is I SHOULD BE FIT FOR DUTY" and "There are no differences in teaching any student at any level in our GED program." These COMMENTS have been very painful to me .

No accommodations have been given to me to prevent additional injury. I bring pillows from home to sit on and to place in my lower back area to help me cope with my pain. I use box tops on my desk to elevate the materials when I write. Most of the time I am not successful with this procedure. When I must bend over the desk to write, my pain level increases. When I write on the blackboard my back seems to split in half which increases my pain level.

Article XIV—Miscellaneous

Section 7: Health and Safety

The Board ...will endeavor to provide a safe work environment at Board facilities...

On August 14 I was directed by Ms. McGhee, Manager, to lift a box again which contained students' SARS and samples of their work. I was in the office of Mary Johnson, data entry clerk (Ms. Barksdale was also present in the room , Mr. Davis ,co-worker was near by). I was in a lot of pain which increased after I initially lifted the box. I told the manager I was in pain and that I was currently being treated for lower back injury and carpal tunnel in my left hand three times per week. I was still instructed by the manager to move the box from that room or she was going to write me up. I carried the box across the hallway dropping it on the floor inside of my classroom. I used my foot to push the box until I reached the space under my desk. On the evening of August 15 I returned to O-H campus to complete the new assignment on the students' SARS. It was very difficult for me to bend to get the material from the box. I tried to lift the box with my body and right hand but the box began to fall. I tried to catch it with my left hand which increased the shooting pain in my left arm and hand. I kept

applying cold water to the areas to decrease the pain, but it did not help very much. I finally completed the assignment and reported to the manager. She then directed me to bring the box over 80ft and lift it to a shelf above my head. I told her I was experiencing shooting pain down my left arm, but she insisted that I bring as much as I could of the contents until I emptied the box. I refused to lift any amount; I offered to call security to lock my classroom door and I left the building at 7:45pm.

Article I-- Union Rights

Section 6: Information Provided to Union

Monthly, the Board shall notify the Union, in writing, of the following personnel transactions involving bargaining unit employees: date of hire; employment status (including changes); hours of work; Social Security numbers; phone numbers; addresses; and campus locations.

Grievance 107-03 Seniority July 17, 2002

Article VIII-- Continuous Services

Section 3: Posting of Vacancies

Whenever the Board learns at least three(3) weeks prior to the beginning of a module, semester, or equivalent that a new assignment will be made or there will be a teacher to be announced T.B.A.) class, the Board shall post a notice a notice of such anticipated assignment or class. The notice shall be posted at the district office... at a place accessible to employees during regular business hours and on the approved bulletin board at all Colleges, and shall be provided to the Union....

**RULES FOR THE MANAGERMENT AND GOVERNMENT OF THE
CITY COLLEGES OF CHICAGO- adopted July 1999...**

**3.10.1 FILING OF TEACHING VACANCIES IN THE ADULT LEARNING
SKILLS PROGRAM (ASLP)**

a. A qualified non-probationary Adult Educator who applies in accordance with the procedures in the posting and who is currently performing satisfactorily but who is assigned fewer than twenty-four (24) hours per week shall be given the assignment....

Summer 2002

My assignment hours were reduced to twelve which gradually increased to twenty-one hours per week without notice for this term. I submitted a letter May 9 of interest in all TBA positions (no posting available), and I completed a Substitute Availability Form May 28. I was overlooked while other Adult Educators with less than fourteen years of continuous services and who had less than a twenty-four hours work assignment prior to this term with this department were selected (asked to work TBA positions).

On July 30 Dean Barnes finally allowed a meeting (without the recording of the minutes as I had requested) When Dean Barnes was asked by me and the Union Steward, Ms. Traylor, what bases were used to determine how other Adult Educators were selected to work the Summer term, her responses ranged from no answer to evasive.

At this meeting, Dean Barnes continued to remind me of the "District 508 policy If I come to work I SHOULD BE FIT FOR DUTY."

Article VI-- Employment Condition

Section 2: Material, Equipment, and Facilities

...Employees Shall Not be required to produce or supply those items at their own expense....

Fall 2002

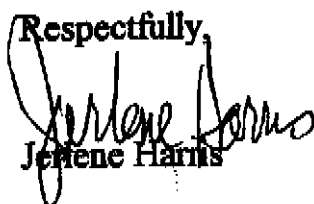
The administration in the Adult Education Program refused to give me enough material (xerox paper to be prepared for the first week class lessons : class syllabus for six courses and pre assessments exams) to complete a requirement or face a disciplinary action per Ms. Arsenia Williams, manager. Dean Barnes was contacted by telephone; she stated that she must first talk with Ms. Williams, manager, regarding my complaint.

Dean Barnes was called again about ten minutes later, however, she had left and her secretary, Ms. Melton, told me the Dean had spoken to Ms. Williams and that I should go get the supplies from Ms. Williams who refused me again. I called district office for relief. I was in a mental state of frustration and suffering from severe pain in my lower back, left buttocks area and left hand. I had been touch typing with one hand for three hours or more. (I had worked three hours over-time by this time.) I feared being written up if I did not turn in this required assignment before I left for home. I was told to contact Dr. Green, President of Olive-Harvey College which I did. I left a detailed message for Dr. Green with the secretary, Ms. Johnson. One of my co-workers, Mrs. Neeley, felt sorry enough for me and gave me her supply of paper to complete my assignment.

On September 3, 2002, I was called out of my classroom to have a meeting with Dean Barnes regarding my complaint; however, she also refused to give me an additional ream of paper. For the remaining first week of Fall 2002, I continued ask for paper so I could be prepared for the second week lessons I was continually refused by the manager, Ms. Williams. I felt my only solution was to use my wages to purchase a case of paper at the Office Max store to fulfill my assignment obligations.

Thank you for taking the time to review my ordeal at Olive-Harvey College in year 2002. I look forward to hearing from you to help bring resolution to this situation.

Respectfully,



Jerene Harris

Cc: Gerald W. McEntee, International President AFSCME
Henry L. Bayer, International Vice President AFSCME

Exhibit 3

October 2, 2002

Sharon Prayor
Human Resources Manager
City Colleges of Chicago
226 W. Jackson
Chicago, IL 60604

Subject: Jerlene Harris

Dear Ms. Prayor:

My name is Jerlene Harris, and I am currently employed as an Adult Educator with City Colleges at the Olive-Harvey campus. I am asking for recognition of and accommodation for my partially disabled status due to an injury sustained on the job. On July 18, 2000 I slipped and fell while exiting the elevator; there was some sort of spillage on the floor. Since that date I have had severe low back pain and a problem with my left hand (later diagnosed as carpal tunnel). I have seen several doctors for the treatment of these conditions, and they all agree that I have a partial disability and have made recommendations that I have light duty, be off work for approximately 6 weeks, and have aggressive physical therapy. While I have been given the aggressive physical therapy, the other recommendations have not been followed; in addition, I believe I have been discriminated against because my condition seems to represent a "nuisance" to my department. Examples:

- Dean Barnes comments stating no accommodations could be made for me, that if I come to work I should be "fit for duty." These statements were made to me both privately and in the company of other workers.
- The reduction of my assigned work hours from 24 to 21 which I felt violated my seniority rights as several people with less seniority were given 24 hours.
- Assigning the most challenging class sections to me to teach when I have not been given adequate training (as had the prior teacher).

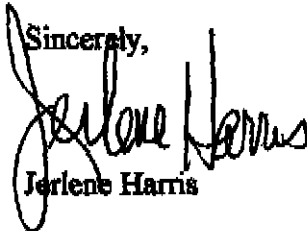
In September 2000 before I was diagnosed with a partial disability, I spoke with Dean Martha Barnes about trying to make some small accommodations to help with the pain I was experiencing from the injuries I sustained in the fall, e.g., better seating, a desktop podium so I would not have to bend over to write. Dean Barnes was not helpful stating that there were no accommodations that could be made to assist with my injuries. So, I continued to work in severe pain for the next 12 months. It was during this time that the recommendations were made that I should have light duty. I again went to see Dean Barnes who after consultation with Lynn Arnold who I believe is the personnel representative assigned to Olive Harvey, stated that the department does not have light duty and thus could not accommodate the physicians' recommendation for such. At no time did anyone mention the possibility of any type of leave WITH pay. In fact, I was told the only way I could take any time off would be leave WITHOUT pay. When I

asked about Workmen's Compensation, I received no clear-cut answers. Ms. Arnold told me she would check into it and get back to me; she did not.

By July 25, 2001 I had been diagnosed with a partial disability. However, to this date I have still received no accommodation to ease my pain at work. In fact, certain other situations have caused me additional injury on the job (10-03-2001, student slammed entrance door on my right shoulder and arm; 8-14 and 8-15, 2002, manager/supervisor directed me to pick up a box of student records weighing approximately 18-20 lbs under threat of disciplinary action if I did not. Manager/supervisor was aware and reminded of my back injury).

I am writing to ask your assistance for accommodation.

Sincerely,

A handwritten signature in black ink, appearing to read "Jerlene Harris", is written over the printed name. The signature is stylized with a large initial "J" and a long horizontal stroke.

Jerlene Harris



Office of Human Resources

October 15, 2002

Ms. Jerlene Harris
15313 Ashland Ave
Harvey, IL 60626

RE: EEO Complaint

Dear Ms. Harris:

This is to notify you that I received your discrimination complaint on October 15, 2002. I will be contacting you in the near future to begin an investigation into the allegations contained in your complaint.

Please be advised, as the EEO Officer for the City Colleges of Chicago, I will conduct an investigation into your complaint and, if feasible, will complete the investigation within 45 calendar days of the date your complaint was received. Your complaint will be held in confidence. Any information contained in your complaint, as well as any information obtained during the course of my investigation, will only be revealed to individuals with whom it is necessary to facilitate resolution of your complaint. You will receive written notification when the investigation is completed. That notice will also inform you whether your complaint is upheld.

Please be further advised, you are protected from retaliation as a result of having filed your complaint. In the event you feel any retaliatory action has been taken against you as a result of filing your complaint, contact my office immediately. I can be reached at 312/553-2869.

Thank you for your cooperation in this process.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Sharon E. Prayor'.

Sharon E. Prayor
Equal Employment Opportunity Officer

Exhibit #9B

BRIDGEPORT PAIN CONTROL CENTER

**3150 SOUTH HALSTED STREET
CHICAGO, ILLINOIS 60608-6602**

**TELEPHONE: 312-326-1648
FAX: 312-326-6728**

July 25, 2001

**ATTN: Martha J. Barnes
Dean of Adult Education Program**

RE: Jerlene Harris

Dear Dean Barnes:

I have been treating Jerlene Harris since fall of 2000 for a serious low back condition caused by a fall on the premises of the college. She has had a difficult time coping with what should be considered a partial disability. She is unable to lift things and perform repetitive bending, twisting and walking.

Ms. Harris described the special needs of students in the literary level and the movements that would be required of her to service the students such as bending, walking and turning and some lifting of materials.

In my opinion she needs to be given a lighter assignment.

Sincerely


**Paul B. Levy D.C.
PBL/cpc**

Dr. W. Watson, Chancellor
City Colleges of Chicago
222 W. Jackson Boulevard
Chicago, Illinois 60606

June 7, 2003

Jerlene Harris
15313 Ashland
Harvey, Illinois 60426

CERTIFIED MAIL

Dear Dr. Watson:

On May 30, 2003, I, Jerlene Harris, Adult Educator at Olive -Harvey campus, experienced an ordeal that no worker should have to undergo. I went to the Adult Education Program to get my immediate supervisor's signature on two documents: City College of Chicago Leave Extension Request Form and the Payroll Status Form. After waiting over forty-five minutes for the Asst. Dean Ann Williams to return from lunch. She informed me that Dean Barnes wanted to see and sign my medical leave forms.

Mrs. Williams telephoned Dean Barnes and told her that I was in her office and that I had my doctor's statement to support another leave extension request. During their conversation, Asst. Dean Williams clearly stated that I was on my way to the main building where Dean Barnes's office is now located.

I felt very uncomfortable with this new change since Asst. Dean Williams has always signed these forms and provided me with copies. (CCC payroll status form and Leave Extension request forms from 2/3/03 -5/31/03 attached) I would take the ORIGINALS forms to the Personnel Department and leave the campus. Mrs. Arnold would usually call my resident when these forms were completed with signatures of Dean Barnes and Dr. Green, President.

Because I felt so uncomfortable with this change, I asked a stranger sitting on the bench in front of the main building to be a witness while I was in conference with Dean Barnes. I entered the main building at 2:55 p.m. in Dean Barnes's front office, upon my arrival I was told by her secretary, Mary Melton that Dean Barnes had went to lunch. Dean Barnes had requested that I leave the forms, I stated that I could not do that as there was a time restriction and clearly states job abandonment. I asked the secretary to call Asst. Dean Williams to see if I could bring the forms back to her for her signature, since Dean Barnes had left for lunch. According to Mrs. Melton (secretary) Asst. Dean William never returned her call. After waiting awhile, I asked but I could not get a clear concise answer as to when Dean Barnes would return from lunch.

Mrs. Melton then told me that Dean Barnes was in her rear office with the lights off having lunch. At this point, I went to President Green's office to get help with my issue. Ms. Johnson, secretary stated President Green had left earlier due to ill health. I asked for

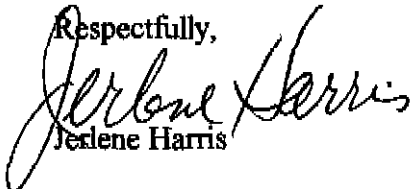
the telephone numbers of Dr. Watson, Chancellor and Dr. Valerie Roberson, Associate Vice Chancellor of Adult Education & Family Literacy Programs. Upon the receipt of their numbers, Ms. Johnson then informed me that Dean Chappell, Dean of Continued Education was in charge of the campus in the absent of President Green, I went to Dean Chappell's office and reported my ordeal and allowed her to read my doctor's statement of my medical condition.

I pointed out the required responsibility I had that was spelled out on the form and that I needed documentation that I had complied with the rule. According to CCC Leave Extension Request form... An employee will be considered to have abandoned their position and may be subject to disciplinary action if they do not return to work or submit another Leave Extension Request form on or before the end date of this requested leave. My leave extension request ended Saturday May 31, 2003. Dean Chappell then made a telephone call to Dean Barnes and shortly thereafter left her office with the original forms to go to Dean Barnes's office. Dean Chapell was gone for a short period of time, when she returned she had a copy of my forms with only a dated stamped received affixed to these documents. (5/31/2003 to 6/30/2003 CCC Leave Extension Request Form attached) She apologized for my ordeal and promised that she would make sure I received the completely signed forms next week. It was 3:30p.m. I was leaving Olive - Harvey College without the signature of my immediate supervisor and /or Dean Barnes. To date June 7, 2003, I have not received the signed copies.

I feel this ordeal was in violation of City College of Chicago's policy according to CCC Employee Manuel page 46 Leave Procedures requesting a leave... Submit completed forms and any other required documentation,...to immediate supervisor for review and signature.

This ordeal was a form of torment and intimidation, which caused me mental aggravation something I feel SHOULD NOT HAVE BEEN allowed. I feel that Dean Barnes's actions were not indicative of the policies and standards set forth in the manual of City Colleges of Chicago.

Thank you for any consideration given to this matter.

Respectfully,

Jerlene Harris

Cc: Dr. Valerie Roberson, Associate Vice Chancellor
Adult Education & Family Literacy Program
City Colleges of Chicago - 9th floor
Chicago, IL 60606

April 10, 2003

General Legal Council
City Colleges of Chicago
226 West Jackson Blvd.
Chicago, IL 60606

Jerlene Harris
15313 South Ashland
Harvey, IL 60426

RE: Grievances # 107-03 July 17, 2002 and # 107-02 April 14, 2002 and charges of discrimination/retaliation contained in correspondence to AFSCME LOCAL 3506 President Sue Schulz dated October 2, 2002.

Dear Council:

I received a telephone call on April 10, 2003 from Mr. Jose Alvarez, investigator with Illinois Educational Labor Relations Board, stated the above grievances and charges of discrimination/retaliation will be heard at Level II in the grievance procedure on April 22, 2003 at 9:00am room 1460 at Central office.

I am requesting accommodations of a soft padded chair with arms and a cot with pillows to allow an adult 5'3" to lay on, I am currently being medically treated for a severe back injury. SEE ATTACHED Doctor's comments.

Thank you for your consideration in regards to this request.

Respectfully,


Jerlene Harris

CC: Earl Silbar, Chief Steward Local 3506

RX Pain Management Group, P.C

229 W. 25th Place, Chicago, IL 60616
Tel: 312) 808-9836 * Fax: 312) 808-0837 * Pager: 312) 740-8888

DATE

3/28/03

This certifies that Harris Terlene is under my care
(Patient Name)
and should release from work/school from 3/31/03 to 4/30/03
and will be able to return to work/school as of guarantee

COMMENTS

Dr. LDD 722.1

Rendulowitz 724.4

Mark V. Bohlen 723.1. 724.2

pl. Patient is totally

incapacitated from any
activity

SIGNED

Robi Kie MD

Rec'd 8/2/03 To Earl Silbar's Office July 2003 and letter June 6/03 CAC
City Colleges of Chicago

Office of the General Counsel

June 6, 2003

Earl Silbar
Chief Steward
AFSCME, Council 31, Local 3506
1244 W. Barry, 1st Floor
Chicago, Illinois 60657-4210

*Re: AFSCME Local 3506 ("Union")
Grievant: Jerlene Harris
Grievance #: 3506-OH-03032 (Union #163 and 382)*

Dear Mr. Silbar:

A Step II grievance meeting was scheduled on these matters on April 22, 2003 at the District Office. However, the grievances (which are identical but bear two different Union grievance numbers) were not discussed because the meeting was devoted to two other grievances filed by grievant. As I am leaving my position with City Colleges effective June 6, 2003, I am disposing of the grievances based upon the paper record before me.

The grievance concerns an alleged failure on the part of Olive-Harvey College to properly process Grievant's application for a State University Retirement System ("SURS") disability pension or for workers compensation benefits. Grievant sent a letter to the College's Personnel Assistant, Lenn Arnold, on March 6, 2003, detailing what she believed were incomplete and inaccurate responses to the questions on the Employer's section of the disability application. Ms. Arnold completed the incomplete parts of the application on March 21, 2003 and returned them to Grievant. It is unclear whether there are outstanding issues with respect to the SURS disability application. The District has ~~no application~~ for worker's compensation benefits, though incident reports and notices are required to be made to enable the College representatives and the District's Third Party administrator to process and investigate alleged employment-related injuries. It is unclear from the record before me precisely what Grievant claims the District failed to do with respect to processing a workers compensation claim.

Grievant claims a violation of Articles III and XIV.7. Article III.3 prohibits violation of employee's constitutional or statutory rights. Article XIV.7 requires the Board to "endeavor to provide a safe work environment." The record before me reveals no violation of these provisions

and I doubt that the latter contract section is applicable to the factual scenario set forth in the grievances. The grievances are denied.

With respect to the SURS application, if there is any remaining dispute, it appears only that they pertain to disputes between Grievant and the College about the physical demands of the position of Adult Educator. Grievant believes that the job is more physically demanding with respect to bending, stooping and seeing than the College does. Grievant also believes that she is subject to temperature and humidity extremes in the work place because she travels between buildings. The College does not believe that that is quite what SURS was getting at when it asks if an employee works in extreme temperatures or in extreme humidity. The same dispute arises with respect to Grievant's disagreement about her exposure to dust and other particles. The College does not believe that having to walk by bird droppings or inhabiting a classroom or office space that has not been dusted to Grievant's satisfaction means that the "job requires exposure to dust, fumes, gases, chemicals."

These disagreements about the College's responses to the SURS questionnaire are not grievable. The College is required to respond to the questions to the best of its knowledge and belief. If Grievant disagrees with the Employer's response, her remedy is to express that to SURS and follow the SURS procedures for adjudicating disputes about her disability. The collective bargaining agreement cannot and does not dictate to the College that it must answer questions on a disability application in a manner that the College deems inaccurate.

For all of the foregoing reasons, the grievances are denied.

Sincerely,



Virginia Reyes

VR

cc: Wayne Watson, Chancellor
Maritza Marrero, V.C. Human Resources
Joseph T. Moriarty, Associate General Counsel
Valerie Roberson, Associate VC for Academic Affairs, Adult Education
College Presidents
College Vice Presidents
Adult Education Deans



REGIONAL MRI OF SOUTH HOLLAND



NAME: HARRIS, Jerlene

PATIENT NUMBER: 6972

16236 Prince Drive
South Holland, IL 60473
(708) 333-1400
fax - (708) 333-0110

REF. PHYSICIAN: Paul B. Levy, D.C.

DATE: 2-17-01

EXAM: MRI of the Lumbar Spine

James V. Zelch, M.D.
Medical Director

INDICATIONS: 54 year old with low back pain.

Nathan B. Westrich
Director

PROCEDURE: Images were obtained in the sagittal and axial planes using T1 and T2 weighted Spin echo pulse sequences.

Virginia C. Poirier, M.D.
Neuroradiology

FINDINGS: All lumbar discs show a variable degree of narrowing and dehydration. Multi-level endplate spurring is present.

Michael J. Paley, M.D.
Nuclear Medicine

At L1-2, there is no herniation, foraminal or canal impingement.

Douglas S. Arnson, M.D.
Musculoskeletal MR

At L2-3, there is a central disc herniation of 3-4 mm, with mild ventral impingement of the dural sac. The foramina are patent.

Alison P. Pryce, M.D.
Mark Brejt, M.D.
Diagnostic Radiology

At L3-4, there is a 2-3 mm bulge with minimal impression on the dural sac. The foramina are patent.

Uri W. Tessman, D.P.M.
Foot & Ankle

At L4-5, there is a central disc herniation in the range of 5 mm, compressing the ventral margin of the dural sac. There is mild facet and ligamentum flavum hypertrophy as well, and these changes cause AP narrowing of the dural sac to approximately 7 mm. The foramina appear patent.

At L5-S1, there is no herniation, foraminal or canal impingement.

The conus appears normal. There is no pathologic marrow signal or vertebral body compression.

CONCLUSION:

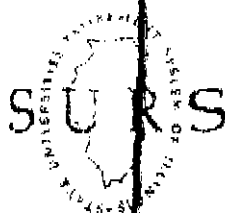
1. Multi-level lumbar disc disease.
2. L2-3 central herniation, with mild ventral impingement of dural sac.
3. L3-4 mild bulge.
4. L4-5 prominent central herniation, compressing the sac. Facet and ligamentum flavum hypertrophy further compromise the AP diameter.

Douglas S. Arnson, M.D.
DSA:blf, 2/19/01

FROM: SURS, Inc.

FAX NO. : 8476743381

Date: 8/7/2003 08:54 AM P2



State Universities Retirement System of Illinois

Serving Illinois Community Colleges and Universities

1901 Fox Drive • Champaign, IL 61820

1-800-ASK SURS

(217) 378-9800 (FAX)

(217) 378-8800 (C-U)

August 8, 2003

Dr. Renlin Xia
730 West 35th Street
Chicago, Illinois 60616

RE: Jerlene Harris
S.S. # 336-38-5380

Dear Dr. Xia:

This letter will serve as confirmation of your telephone conversation with Dr. David Weiss on 8/7/03, in which you indicated that there was no ~~medical~~ contraindication to Ms. Harris returning to work. Please sign and date below to confirm. You may fax your response to our office at (217) 378-9800.

Physician's Signature:

Date

If you have any questions, please feel free to contact our office at 1-800-275-7877, and ask to speak with me.

Sincerely yours,

Tamara E. Wells

Tamara E. Wells
Medical Claims Processor

cc: Ms. Jerlene Harris
15313 Ashland Avenue
Harvey, Illinois 60426-3012

NAME :

Case: 1:04-cv-00695 Document #: 1 Filed: 08/01/07
 Terence Harris

SSN:

Page 53 of 70 PageID #:53
336-38-5382

To determine your patient's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us your opinion -- **based on your examination** -- of how your patient's physical capabilities are affected by the impairment(s). Do not consider your patient's age, sex or work experience. Consider the medical history, the chronicity of findings (or lack thereof), symptoms (including differing individual tolerances for pain, etc.), and the expected duration of any work-related limitations.

For each activity shown below:

- (1) Indicate your patient's ability to perform the activity;
and
- (2) Identify the particular medical findings (e.g., physical examination findings, x-ray findings, laboratory test results, history, symptoms (including pain), etc.) which support your opinion regarding any limitations.

IT IS IMPORTANT THAT YOU RELATE PARTICULAR MEDICAL FINDINGS TO ANY REDUCTION IN CAPACITY; THE USEFULNESS OF YOUR OPINION DEPENDS ON THE EXTENT TO WHICH YOU DO THIS.

1. Maximum ability to lift and carry on an *occasional* basis (no more than 1/3 of an 8-hour day).

No limitation	100#	50#	20#	10#	less than 10#
---------------	------	-----	-----	-----	---------------

2. Maximum ability to lift and carry on a frequent basis (1/3 to 2/3 of an 8-hour day).

No limitation 50# 25# 10# less than 10#

3. Maximum ability to stand and walk (with normal breaks) during an 8-hour day.

No limit about 6 hrs. about 4 hrs. about 3 hrs. about 2
 hrs. less than 2 hrs.

4. Maximum ability to sit (with normal breaks) during an 8-hour day.

No limit about 6 hrs. about 4 hrs. about 3 hrs. about 2
 hrs. less than 2 hrs.

5. If your patient must periodically alternate sitting, standing or walking to relieve discomfort:

How long can your patient sit before changing position 1-2 hrs

How long can your patient **stand** before changing position?

0 5 10 15 20 30 45 60 90
Minutes

How **often** must your patient **walk around**? Frequency

0 5 10 15 20 30 45 60 90
Minutes

How **long** must your patient **walk each time**? Duration:

0 5 10 15 20 30 45 60 90
Minutes

Does your patient need the opportunity to shift **at will** from sitting or standing/walking? Yes No

6. Will your patient sometimes need to lie down at unpredictable intervals during a work shift? Yes No

If yes, how often do you think this will happen? 3-4x/day

7. What medical findings support the limitations described above?

Multiple Herniated Disc
Back Spasms w/ Radiculopathy
Cervical Radiculopathy
Compressed Thrum

8. How often can your patient perform the following postural activities?

	*Frequently	**Occasionally	Never
Twist		/	
Stoop (bend)		/	
Crouch			/
Climb stairs		/	

- *Frequently: from one-third to two-thirds of an eight hour
day
- **Occasionally: from very little up to one-third of an eight hour
day

9. Are the following PHYSICAL FUNCTIONS affected by the impairment?

Reaching (including overhead)	<u>Yes</u>	No
Handling (gross manipulation)	<u>Yes</u>	No
Fingering (fine manipulation)	<u>Yes</u>	No
Feeling	<u>Yes</u>	No
Pushing/Pulling	<u>Yes</u>	No

- A. How are these physical functions affected?

Carpal Tunnel Syndrome;
Cervical Radiculopathy;

- B. What medical findings support this?

MRI, EMG/NCs, X-ray / P.E.

10. ENVIRONMENTAL RESTRICTIONS:	NO RESTRICTION	AVOID CONCENTRATED EXPOSURE	AVOID EVEN MODERATE EXPOSURE	AVOID ALL EXPOSURE
Extreme cold				✓
Extreme heat				✓
Wetness			✓	
Humidity			✓	
Noise			✓	
Fumes, odors, dusts, gases, poor ventilation, etc.				✓
Hazards (machinery, heights, etc.)				✓

Describe how these environmental factors impair activities and identify hazards to be avoided. Also explain what medical findings support these limitations.

Extreme Heat/Cold will Kill you

11. State any other work-related activities which are affected by the impairment such as need for assistive device for ambulation, need to elevate leg, limits on kneeling, crawling, balancing, seeing, hearing or speaking, or limitations related to a mental impairment. What medical findings support this?

uses a cane

12. On the average, how often do you anticipate that your patient's impairments or treatment would cause your patient to be absent from work?

Never

About once a month

> About three times a month

Less than
once a month

About twice a month

More than three
times a month

Date

1/2/04

Physician's signature

Henry F. Glick
Family Medicine/Pain
736 W. 35th ST.
Chicago, IL 60616

MUSCULOSKELETAL DEFECTS OR FRACTURES

PATIENT NAME: Jerlene HarrisSOCIAL SECURITY #: 336-38-5380

TO THE DOCTOR: Please complete the following report, attaching copies of lab results for each condition. Please use the back of the form if additional space is needed.

1. Does this patient suffer from any impairment or disease of the musculoskeletal system?

☒ yes ☐ no. If yes,

A. What is the current diagnosis? Herniated Disc
multilumbar Disc Disease, Nerve Impingement
(L) Carpal Tunnel, Cervical Radiculopathy

B. On what date was the diagnoses first made? 2/12/01

C. What is the date of onset, if different? 1/01

D. For how long have you been treating the condition? since 7/8/02

E. What is the most recent date of examination? 1/2/04

F. What was the patient's height weight at that time?

2. Location of fracture(s): Herniated Disc L2 to L5
(L) wrist Carpal Tunnel

3. Have any of the following diagnostic techniques been performed?

Xray	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>
CT Scan	yes <input checked="" type="checkbox"/>	no <input checked="" type="checkbox"/>
EMG Studies	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>
MRI	yes <input checked="" type="checkbox"/>	

4. Functional loss - describe the following:

A. Limitation of motion in involved areas: Low Back
(L) Hip, Lower Ext, (L) wrist

B. Is there any atrophy? Yes ☒ No ☐

*not hypertrophy / Thrombosis
Limb Swelling / Oedema*

C. Is there any weakness or swelling? Yes ☒ No ☐

D. Is there any deformity(s)? Yes ☐ No ☒

5. Is there any pain in any of the involved areas?
Yes ☒ No ☐

6. Ambulation: normal ☐ bedfast ☐ cane ☒
crutches ☐ wheelchair ☐ walker ☐

7. Is the degree of pain described by patient reasonably
related to the fracture or related underlying
impairments? Yes ☒ No ☐

8. Since date of onset, has the patient had full recovery?
Yes ☐ No ☒

9. If not, is the condition improving ☐ stable ☒
deteriorating ☐

10. Has surgery been performed? Yes ☐ No ☒
If yes, what procedures? _____
on what date? _____ at what hospital _____

11. Does the patient suffer from acute pain? If so, after
what activity? yes

12. Does the patient suffer from chronic pain? Yes ☒ No ☐
If so, please describe.
Please complete the Physical Capacities form.

Date: 1/2/04

Steven Holzman D.D. M.D.
Physician's Signature

PLEASE PRINT Name: F-SALILENG M.D. / RENMIN XIA M.D.

Specialty: Obstetrics / Family Medicine / Pa

Address: 736 W. 35th St.
Chicago IL, 60616

PAIN REPORT

Patient Name: JEROME HARRIS
Social Security #: 336-38-5380
Date of Birth: 10-15-46

1. Does this patient experience or complain of pain in part of his/her body? YES NO

If yes, where does s/he experience this pain? Neck /
Shoulder, Lower Back, Outback / Th

2. Are the complaints of pain within the range that is reasonably related to a physical illness that has been diagnosed? YES NO

If yes, what is the physical basis for the pain and the date(s) of onset?

MRI, BMG, X-ray, CT

3. On the basis of clinical observations and diagnostic impressions, does this patient experience:

A. Chronic Pain? YES NO If so, where? _____

B. Acute Pain? YES NO If so, where and upon what activity? _____

4. Is the pain: Relieved by medication? YES NO

Where? Back / Neck

Relieved by heat? YES NO Some

Where? _____

Other, please explain _____

Relieved by none of the above with relief

5. If the pain is relieved by one or the above, does that therapy or medication alleviate the pain completely? YES ☒ NO

6. List the dosage, frequency, and name of the medications prescribed for this patient for pain:

Transol 50 mg QID (40 = Day)
Mefenamic Acid QID
Doripen 1 hr - 8.

Do any of the medications listed above cause the patient any side effects? Yes ☒ NO

If yes, please describe: Nausea, Vomiting
Dizzy Spells

7. Do you believe this patient experiences so much pain that s/he is unable to work on a sustained basis?

YES ☒ NO

8. Is the level of pain suffered by the patient likely to increase if the patient returns to work?

YES ☒ NO

DATE 1/4/04 Physician's Signature & Title

FILEMON STILBING M.D.

PLEASE PRINT: Physician's Name

FILEMON STILBING M.D.

Specialty

Occupational Med / Family Practice

Address

736 W 35th St

Telephone

Chicago IL 60616
773-247-2131

FORM - D5M

Equal Employment Opportunity Commission

DISMISSAL AND NOTICE OF RIGHTS

To: Jerlene Harris
15313 Ashland
Harvey, Illinois 60426

From: Equal Employment Opportunity Commission
Chicago District Office
500 West Madison Street
Suite 2800
Chicago, Illinois 60661

Certified Mail No.: 7001 1940 0003 8831 4168

- ☐ On behalf of a person aggrieved whose identity is
CONFIDENTIAL (29 CFR § 1601.7(a))

Charge No.	EEOC Representative	Telephone No.
210-2003-34923	Dorothea Hines, Investigator	(312) 886-9123

(See the additional information attached to this form.)

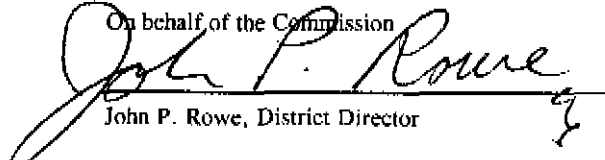
YOUR CHARGE IS DISMISSED FOR THE FOLLOWING REASON:

- ☐ The facts you allege fail to state a claim under any of the statutes enforced by the Commission
- ☐ Respondent employs less than the required number of employees.
- ☐ Your charge was not timely filed with the Commission, *i.e.*, you waited too long after the date(s) of the discrimination you alleged to file your charge. Because it was filed outside the time limit prescribed by law, the Commission cannot investigate your allegations.
- ☐ You failed to provide requested information, failed or refused to appear or to be available for necessary interviews/conferences, or otherwise refused to cooperate to the extent that the Commission has been unable to resolve your charge. You have had more than 30 days in which to respond to our final written request.
- ☐ The Commission has made reasonable efforts to locate you and has been unable to do so. You have had at least 30 days in which to respond to a notice sent to your last known address.
- ☐ The respondent has made a reasonable settlement offer which affords full relief for the harm you alleged. At least 30 days have expired since you received actual notice of this settlement offer.
- ☒ The Commission issues the following determination: Based upon the Commission's investigation, the Commission is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- ☐ Other (briefly state) _____

- NOTICE OF SUIT RIGHTS -

- ☒ **Title VII and/or the Americans with Disabilities Act:** This is your NOTICE OF RIGHT TO SUE, which terminates the Commission's processing of your charge. If you want to pursue your charge further, you have the right to sue the respondent(s) named in your charge in a court of competent jurisdiction. **If you decide to sue, you must sue WITHIN 90 DAYS from your receipt of this Notice; otherwise your right to sue is lost.**
- ☐ **Age discrimination in Employment Act:** This is your NOTICE OF DISMISSAL OR TERMINATION, which terminates processing of your charge. If you want to pursue your charge further, you have the right to sue the respondent(s) named in your charge in a court of competent jurisdiction. **If you decide to sue, you must sue WITHIN 90 DAYS from your receipt of this Notice; otherwise your right to sue is lost.**
- ☐ **Equal Pay Act (EPA):** EPA suits must be brought within 2 years (3 years for willful violations) of the alleged EPA underpayment.

11-10-03

On behalf of the Commission

John P. Rowe, District Director

Enclosures

Information Sheet
Copy of Charge

cc: Respondent(s) City Colleges of Chicago, Olive Harvey College

Received
from
Harris
8/29/2003
4:50
Harris

RX Pain Management Group, P.C

229 W. 25th Place, Chicago, IL 60616
Tel: 312) 808-9836 * Fax: 312) 808-0837 * Pager: 312) 740-8888

DATE

8/29/03

Bairner
advised
Harris to
see
Lynn
Arnold
Personnel
Dept.
before
returning
to
work.

This certifies that Janelle Harris is under my care
(Patient Name)

and should release from work/school from _____ to _____

and will be able to return to work/school as of AS 9/1/03

* only on light duty Ball Sep 1st

COMMENTS

No bend. No climb

No lift/raising > 10lb

No stand/walk > 10min

orthopedic chair

Continue current therapy/meds

Re-Eval on 10/1/03

SIGNED

Rui Xia, MD

8/29/03
4:52



OLIVE-HARVEY COLLEGE

10001 South Woodlawn Avenue, Chicago, IL 60628

Telephone 773.291.6100

Facsimile 773.291.6304

January 12, 2004

Ms. Jerlene Harris
15313 S. Ashland Avenue
Harvey, IL 60426

Dear Ms. Harris:

Your assignment for the Spring 2004 Semester was based upon Olive-Harvey College being able to meet the accommodations recommended by your physician in August 2003 (providing you with an orthopedic chair). At your request, we have also made available a podium. Based upon the document (a physician's statement) that you presented to us today, your needs have changed; your limitations have increased, and you stated that your condition has gotten worse.

Therefore, your assignment is on hold until we have had the opportunity to consult with our legal counsel regarding these new requirements and conditions. Until this is cleared up, do not report to work.

Sincerely,

Martha J. Barnes
Dean of Adult Education

cc: Yolande Bourgeois, General Counsel
Craig S. Washington, President

CITY COLLEGES OF CHICAGO

LEAVE EXTENSION REQUEST FORM

OFFICE OF PERSONNEL

Name Jerlene Harris Employee ID Number 0003149
 College/District Office Olive-Harvey Soc. Sec. No. 336-38-5380
 Job Family 371 Department Adult Education Program
 Position Title Adult Educator Home Tel No. 708-333-2130
 Full-Time ☐ Part-Time ☒ Union ☒ Work Tel No. 773-291-6700

JUN 27 2003

OLIVE-HARVEY COLLEGE

Type of Leave Requested: Illness ☐ Personal ☐ FMLA ☐ Professional ☐ Special ☐ Parental ☐

Part-Time (Tenured Faculty Only) ☐ Military ☐ Peace Corps ☐ Medical ☒

Other Military Leave ☐ Jury Duty or Court Attendance ☐ Summer ☐ Other ☐

This Leave will be: Paid ☐ Unpaid ☒ Partially Paid/ Partially Unpaid ☐ Pay Percentage while on leave % ☐

Leave Dates: From 06 / 30 / 2003 to 07 / 31 / 2003
 (Month) (Day) (Year) (Month) (Day) (Year)

This leave extension is being requested for the following reason(s): On February 3, 2003 in building six women restroom my foot slipped in something on the floor when I was turning to get the tissue paper. My back hit the toilet several times. This fall has aggravated my existing medical conditions: lumbar disc disorders, carpal tunnel Lhand, neck and back injuries. I am in constant pain.

Appropriate documentation supporting this extension request must be submitted with this form. (Ex: A medical statement from a health care provider indicating the need for a requested illness, FMLA, or parental leave, a statement of planned activities for a professional leave, or a statement indicating the reason for a personal, special, or summer leave, etc.) This extension covers only the definite period stated. This leave may be terminated prior to the date specified above, upon approval of College President/Department Head. A medical release to return to full duty status must be submitted prior to a return from an illness, FMLA, or parental leave. The City Colleges of Chicago reserves the right to require submission to a medical evaluation if deemed necessary. An employee will be considered to have abandoned their position and may be subject to disciplinary action if they do not return to work or submit another Leave Extension Request form on or before the end date of this requested leave.

Jerlene Harris
 Signature of Employee

June 27, 2003
 Date

 Signature of Immediate Supervisor

 Date

 Signature of College President or Vice Chancellor

 Date

FOR DISTRICT OFFICE HUMAN RESOURCES DEPARTMENT USE ONLY

Approved by Human Resources Department

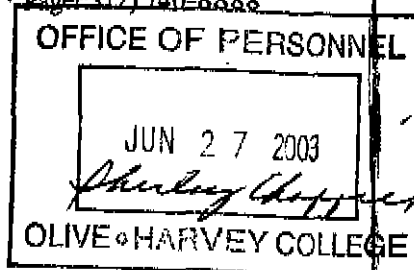
Yes ☐ No ☐

 Signature of Human Resources Representative

 Date

RX Pain Management Group, P.C

229 W. 25th Place, Chicago, IL 60616
Tel: 312) 808-9836 * Fax: 312) 808-0837 * Pager: 312) 740-8888



DATE

6/27/03

This certifies that Jerlene Harris is under my care

(Patient Name)

and should release from work/school from 7/1/03 to 7/31/03

and will be able to return to work/school as of guarding.

COMMENTS

Dx. Low Back pain

Lumbar radiculopathy

Lumbar disc disorder

Carpal Tunnel Syndrome

Fibromyalgia

pt. ① Patient is totally incapacitated

③ Continue Physical Therapy

③ Home Rest

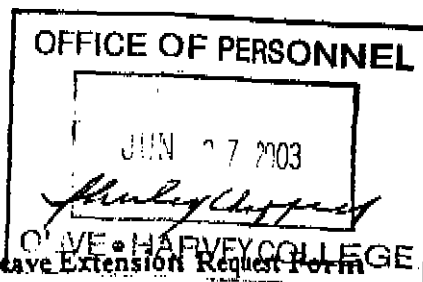
SIGNED

④ Continue Current Medication

Ruth Xie MD



Payroll Status Form



To be completed and submitted with Leave Request Form and Leave Extension Request Form

I have requested a Leave of Absence from 06/30/2003 to 07-31 /2003

My requested payroll status during this leave is:

- ☒ the entire leave will be unpaid;
☐ the entire leave will be paid; or
☐ the leave will be partially paid and partially unpaid.

For the paid portion of the leave, the paid benefit time that will be used is:

☐ sick: from _____ to _____;
 Total number of sick days used _____.

☐ vacation: from _____ to _____;
 Total number of vacation days used _____.

☐ personal: from _____ to _____;
 Total number of personal days used _____.

Jerlene Harris
 Signature of Employee

June 27, 2003
 Date

 Signature of Immediate Supervisor

 Date

 Signature of College President or Vice Chancellor

 Date

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Employee has and is approved to use the accrued benefit time requested:

Sick _____ Yes _____ No

Vacation _____ Yes _____ No

Personal _____ Yes _____ No

 Signature of Human Resources Representative

 Date

CITY COLLEGES OF CHICAGO LEAVE EXTENSION REQUEST FORM

OFFICE OF PERSONNEL

Name Jerlene Harris Employee ID Number 0003149
 College/District Office Olive-Harvey Soc. Sec. No. 336-38-5380
 Job Family 371 Department Adult Education Program
 Position Title Adult Educator Home Tel No. 708-333-2130
 Full-Time Part-Time X Union X Work Tel No. 773-291-6700

JUN 27 2003

OLIVE • HARVEY COLLEGE

Type of Leave Requested: Illness Personal FMLA Professional Special Parental

Part-Time [Tenured Faculty Only] Military Peace Corps Medical X

Other Military Leave Jury Duty or Court Attendance Summer Other

This Leave will be: Paid Unpaid X Partially Paid/ Partially Unpaid Pay Percentage while on leave %

Leave Dates: From 06 / 30 / 2003 to 07 / 31 / 2003
 (Month) (Day) (Year) (Month) (Day) (Year)

This leave extension is being requested for the following reason(s): On February 3, 2003 in building six women restroom my foot slipped in something on the floor when I was turning to get the tissue paper. My back hit the toilet several times. This fall has aggravated my existing medical conditions: lumbar disc disorders, carpal tunnel Lhand, neck and back injuries. I am in constant pain.

Appropriate documentation supporting this extension request must be submitted with this form. (Ex: A medical statement from a health care provider indicating the need for a requested illness, FMLA, or parental leave, a statement of planned activities for a professional leave, or a statement indicating the reason for a personal, special, or summer leave, etc.) This extension covers only the definite period stated. This leave may be terminated prior to the date specified above, upon approval of College President/Department Head. A medical release to return to full duty status must be submitted prior to a return from an illness, FMLA, or parental leave. The City Colleges of Chicago reserves the right to require submission to a medical evaluation if deemed necessary. An employee will be considered to have abandoned their position and may be subject to disciplinary action if they do not return to work or submit another Leave Extension Request form on or before the end date of this requested leave.

Jerlene Harris
 Signature of Employee

June 27, 2003
 Date

Charles A. Buehler
 Signature of Immediate Supervisor

7/1/03
 Date

Charles A. Buehler
 Signature of College President or Vice Chancellor

7/1/03
 Date

FOR DISTRICT OFFICE HUMAN RESOURCES DEPARTMENT USE ONLY

Approved by Human Resources Department

Yes No

Signature of Human Resources Representative

Date



City Colleges of Chicago

Payroll Status Form

OFFICE OF PERSONNEL

JUN 27 2003

CLAY • HARVEY COLLEGE

To be completed and submitted with Leave Request Form and Leave Extension Request Form

I have requested a Leave of Absence from 06/30/2003 to 07-31 /2003

My requested payroll status during this leave is:

- ☒ the entire leave will be unpaid;
☐ the entire leave will be paid; or
☐ the leave will be partially paid and partially unpaid.

For the paid portion of the leave, the paid benefit time that will be used is:

☐ sick: from _____ to _____;
 Total number of sick days used _____.

☐ vacation: from _____ to _____;
 Total number of vacation days used _____.

☐ personal: from _____ to _____;
 Total number of personal days used _____.

Jerlene Harris

Signature of Employee

Date

June 27, 2003

Martha J. Baines

Signature of Immediate Supervisor

Date

7/15/03

Charles A. Green Jr.

Signature of College President or Vice Chancellor

Date

7/1/03

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Employee has and is approved to use the accrued benefit time requested:

Sick _____ Yes _____ No

Vacation _____ Yes _____ No

Personal _____ Yes _____ No

Signature of Human Resources Representative

Date

* per the request
 of Jerlene Harris
 via voice mail
 to Lenn Arnold,
 Personnel Assistant

RX Pain Management Group, P.C

229 W. 25th Place, Chicago, IL 60616
Tel: (312) 808-9836 * Fax: (312) 808-0837 * Pager: (312) 740-8888

OFFICE OF PERSONNEL

JUN 27 2003

OLIVE HARVEY COLLEGE

DATE 6/27/03

This certifies that Terlene Harris is under my care
(Patient Name)
and should release from work/school from 7/1/03 to 7/31/03
and will be able to return to work/school as of guarding.

COMMENTS

Dx. Low Back pain
Lumbar radiculopathy
Lumbar disc disorder
Carpal Tunnel Syndrome
Fibromyalgia

pl. ① Patient is totally incapacitated
③ Continue Physical Therapy
③ Home Rest
SIGNED ④ Continue Current Medication

Rubie Xie MD